EXHIBIT B32

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IN THE UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NEW JERSEY

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IN RE: JOHNSON & :
JOHNSON TALCUM POWDER :
PRODUCTS MARKETING, :

SALES PRACTICES, AND : NO. 16-2738 PRODUCTS LIABILITY : (FLW) (LHG)

LITIGATION :

:

THIS DOCUMENT RELATES : TO ALL CASES :

- - -

March 22, 2019

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Videotaped deposition of KARLA BALLMAN, Ph.D., taken pursuant to notice, was held at Skadden Arps, Four Times Square, New York, New York, beginning at 9:04 a.m., on the above date, before Michelle L. Gray, a Registered Professional Reporter, Certified Shorthand Reporter, Certified Realtime Reporter, and Notary Public.

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3 (Pages 6 to 9)

	Page 10		Page 12
1		1	
2	EXHIBITS (Cont'd.)	2	THE VIDEOGRAPHER: We're now
4		3	on the record. My name is Henry
5	NO. DESCRIPTION PAGE	4	Marte. I am a videographer with
6	Ballman-28 The American 483 Statistician	5	Golkow Litigation Services.
7	The ASA's Statement	6	Today's date is March 22nd,
	On P-Values: Context	7	2019, and the time is 9:04 a.m.
8	Process, and Purpose (Wasserstein)	8	This videotaped deposition
9	P2.0063.1	9	is being held at Four Times Square
10	Ballman-29 Comment, Retire 487	10	in New York, New York, in the
11	Statistical Significance (Valentin)	11	matter of Talcum Powder
12	Ballman-30 Demonstrative 519	12	Litigation.
1.0	Quote from Ballman	13	The deponent today is
13	Expert Report P1.0213	14	Dr. Karla Ballman.
14	11.0213	15	Counsel are all introduced
	Ballman-31 Demonstrative 532	16	for the record, for the
15	Quote from Ballman Expert Report	17	stenographic record.
16	P1.0214	18	Will the court reporter
17	Ballman-32 Introduction to 548	19	please administer the oath to the
18	Meta-Analysis (Borenstein)	20	witness.
19	(Borenstein)	21	withess.
20		22	KARLA BALLMAN, Ph.D.,
21 22		23	having been first duly sworn, was
23		24	examined and testified as follows:
24		24	examined and testified as follows.
	Page 11		Page 13
1		1	
2	DEPOSITION SUPPORT INDEX	2	EXAMINATION
3		3	
4 5	Direction to Witness Not to Answer	4	BY MR. TISI:
6			
	PAGE LINE	5	Q. Good morning?
	PAGE LINE None.	5 6	Q. Good morning?A. Good morning.
7	None.		A. Good morning.
7 8	None. Request for Production of Documents	6	
7	None. Request for Production of Documents PAGE LINE	6 7	A. Good morning.Q. Would you please state your
7 8 9	None. Request for Production of Documents	6 7 8	A. Good morning.Q. Would you please state your name.A. Karla Ballman.
7 8 9	None. Request for Production of Documents PAGE LINE None.	6 7 8 9	 A. Good morning. Q. Would you please state your name. A. Karla Ballman. Q. And it's Karla Ballman,
7 8 9 10 11	None. Request for Production of Documents PAGE LINE None. Stipulations	6 7 8 9	A. Good morning. Q. Would you please state your name. A. Karla Ballman. Q. And it's Karla Ballman, Ph.D.?
7 8 9	None. Request for Production of Documents PAGE LINE None.	6 7 8 9 10 11 12	A. Good morning. Q. Would you please state your name. A. Karla Ballman. Q. And it's Karla Ballman, Ph.D.? A. Well, that's my degree, is a
7 8 9 10 11 12	None. Request for Production of Documents PAGE LINE None. Stipulations PAGE LINE None.	6 7 8 9 10 11 12 13	A. Good morning. Q. Would you please state your name. A. Karla Ballman. Q. And it's Karla Ballman, Ph.D.? A. Well, that's my degree, is a Ph.D.
7 8 9 10 11 12 13 14	None. Request for Production of Documents PAGE LINE None. Stipulations PAGE LINE None. Questions Marked	6 7 8 9 10 11 12 13	A. Good morning. Q. Would you please state your name. A. Karla Ballman. Q. And it's Karla Ballman, Ph.D.? A. Well, that's my degree, is a Ph.D. Q. Correct. You know that
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4 (Pages 10 to 13)

	Page 14		Page 16
1	report.	1	This question this report
2	Q. Okay. And I'd like to have	2	addresses the question about whether or
3	that marked as Exhibit Number 1.	3	not, in your opinion, to a reasonable
4	(Document marked for	4	degree of certainty, that talcum powder
5	identification as Exhibit	5	products cause or does not cause ovarian
6	Ballman-1.)	6	cancer.
7	BY MR. TISI:	7	A. Yeah. So this report
8	Q. Now Dr. Ballman, does	8	describes the what I went through to
9	this does this report that you issued	9	look at the data in totality with respect
10	address the epidemiologic question about	10	to the question as to whether there is
11	whether talcum powder products are	11	evidence to support the hypothesis that
12	capable of causing ovarian cancer?	12	talcum powder applied to the perineum
13	A. Yes. I had been asked to	13	causes ovarian cancer.
14	look at all the evidence and totality and	14	Q. And in fact, the cover page
15	come to to determine whether or not	15	which you signed says "Expert Report of
16	ovarian cancer I mean talcum powder	16	Karla Ballman Ph.D. for General Causation
17	causes ovarian cancer.	17	Daubert Hearing."
18	Q. Okay. And you reached that	18	Do you see that?
19	to a reasonable degree of medical	19 20	A. Okay. I see that. So I
20	certainty?	21	didn't know what the legal terms were.
21 22	A. My my expertise is in	22	So I did do this report, yes. Q. And this report is your
23	epidemiology and statistics, and so I	23	assessment of both the epidemiologic and
23 24	reached it to a reasonable degree of certainty coming from it, from an	24	non-epidemiologic evidence through a
24	certainty coming from it, from an	24	non-epidennologic evidence unough a
	Page 15		Page 17
1			
1	epidemiology standpoint. I'm not sure	1	framework that we will be talking about
2	epidemiology standpoint. I'm not sure what you mean by medicine. I'm not an	1 2	framework that we will be talking about today called the Bradford Hill framework,
2	what you mean by medicine. I'm not an	2	today called the Bradford Hill framework,
2 3 4 5	what you mean by medicine. I'm not an M.D. Q. Okay. What does reasonable degree of certainty mean to you?	2 3	today called the Bradford Hill framework, correct?
2 3 4 5 6	what you mean by medicine. I'm not an M.D. Q. Okay. What does reasonable degree of certainty mean to you? A. It means that I don't see	2 3 4 5 6	today called the Bradford Hill framework, correct? A. What do you mean by non-epidemiologic? Q. I think I used those were
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	Page 18		Page 20
1	experiments, and some evidence I	1	Q. Okay. And that's your
2		2	opinion?
3	look at might involve some cell	3	
	line experiments. BY MR. TISI:		A. I just work with I don't think that's my opinion. I think it's
4		4	
5	Q. Okay. And we'll talk about	5	the basis of what all epidemiologists put
6	that. We'll talk about that for sure.	6	together as
7	In collecting that evidence	7	Q. And so it's your opinion
8 9	did you organize your evidence	8	that all epidemiologists agree that
	considering what I think the record will	9	cohort studies are better than
10	reflect is the Bradford Hill framework?	10	case-control studies?
11 12	A. Within my report I do have	11 12	MS. MILLER: Objection.
	sections that go through the Bradford		THE WITNESS: Again, it
13	Hill framework.	13	depends. Are you saying cohort
14	Q. Okay. And you know what the	14	studies in general
15	Bradford Hill framework is, correct?	15	BY MR. TISI:
16	A. I do.	16	Q. Yes. Prospective
17	Q. And after collecting the	17	A or are you talking
18	evidence, did you then weigh the	18	about
19	evidence?	19	Q. Prospective cohort studies
20	A. So weigh it in what respect?	20	are better than case-control studies on
21	Q. I'm asking you, how did	21	your hierarchy of evidence.
22	you how did you well, we'll come	22	MS. MILLER: Objection.
23	back to this.	23	THE WITNESS: You know,
24	But you looked at the	24	again, it depends. That's a
	Page 19		Page 21
1	evidence and you decided which evidence,	1	pretty general thing. I'm just
2	if any, was credible or not, correct?	2	saying that if you you look in
3	 A. I looked at the evidence in 	3	epidemiology textbooks, if you
4	totality. And what I and I think I	1 4	1 1 1 1 1
		4	look in any other places where
5	lay out in my report, you know, there	5	this is discussed, cohort studies
6	there is sort of a general hierarchy of	5 6	
6 7	there is sort of a general hierarchy of epidemiologic evidence that goes from,	5 6 7	this is discussed, cohort studies
6 7 8	there is sort of a general hierarchy of epidemiologic evidence that goes from, like, lowest it's like a pyramid. I	5 6	this is discussed, cohort studies as a whole in general are placed
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6 7 8 9 10	there is sort of a general hierarchy of epidemiologic evidence that goes from, like, lowest it's like a pyramid. I think it's Figure 2 in my report up to the highest evidence. And that's the	5 6 7 8 9 10	this is discussed, cohort studies as a whole in general are placed higher than the evidence coming out of case-control studies.
6 7 8 9 10 11	there is sort of a general hierarchy of epidemiologic evidence that goes from, like, lowest it's like a pyramid. I think it's Figure 2 in my report up to the highest evidence. And that's the type of weight I put on it.	5 6 7 8 9 10 11	this is discussed, cohort studies as a whole in general are placed higher than the evidence coming out of case-control studies. BY MR. TISI: Q. And we'll talk about that. But that's one of the guiding foundations
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6 (Pages 18 to 21)

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24 MS. MILLER: Same objection. Page 23 Page 23 Just make sure you give me 1 the cohort studies, I believe 2 time to object. 24 A. So when when I looked at Page 2 case-control studies, I believe 2 case-control studies, I want to make	
Page 23 Page 23 Page 23 I the cohort studies, I believe 2 time to object. Page 23 case-control studies, I want to make	
1 Just make sure you give me 1 the cohort studies, I believe 2 time to object. 2 case-control studies, I want to make	
2 time to object. 2 case-control studies, I want to make	25
j į	
3 THE WITNESS: Thank you. 3 sure I believe that the range of of	
4 So again, I looked at the 4 the risk ratios that that were shown	
5 evidence in totality and saw what 5 went about were about fourfold and	
6 it looked like. I applied 6 were higher than the cohort studies of	
7 established epidemiology 7 which their range was maybe about	
8 principles that say cohort studies 8 1.75-fold, so much tighter and lower.	
9 have higher degree of evidence for 9 Q. Okay. But my question is	
causality above case-control 10 different. I'm focusing on statistical	
11 studies. 11 significance now.	
12 BY MR. TISI: 12 Is it your opinion that the	
13 Q. And you relied, and we'll 13 nonstatistically significant results were	
talk about this, the hierarchy, you 14 contrary to the statistically significant	
referred to that as levels of evidence 15 results in the studies irrespective of	
16 throughout your report, correct? 16 study design?	
17 A. I believe I do. 17 MS. MILLER: Objection.	
18 Q. Okay. And you also found, 18 THE WITNESS: So I'm not	
19 and we'll talk about this, that the 19 sure what you mean as contrary.	
20 statistically significant results in the 20 And what statisticians, how	
21 case-control studies were inconsistent 21 statisticians and epidemiologists	
22 and and contrary to the 22 approach problems is you assume	
23 nonstatistically significant results of 23 the null hypothesis is true, which	
the non-case-control studies, correct? 24 would mean no association, and	
2.1 Would fical to association, and	

7 (Pages 22 to 25)

1	Page 26		Page 28
	then you look to see if there's	1	results are inconsistent with the
2	evidence of an association.	2	statistically insignificant results?
3	So the cohort studies found	3	MS. MILLER: Objection.
4	no evidence of an association and	4	We've now asked and answered this
5	about half of the in a	5	I think ten times.
6	statistically significant sense,	6	MR. TISI: Well, she hasn't
7	and about half of the case-control	7	answered it.
8		8	BY MR. TISI:
9	studies found a statistically	9	
	significant association. BY MR. TISI:	10	Q. Go ahead.
10			MS. MILLER: I disagree.
11	Q. And so because of your	11	BY MR. TISI:
12	your opinion that statistically	12	Q. Are they are they
13	significant results, insignificant	13	inconsistent in your opinion?
14	results prove the null, and and	14	A. I believe, as I said, the
15	statistically significant results suggest	15	cohort studies find no association.
16	an association, those two conflict with	16	Q. Right.
17	each other and, therefore, we have	17	A. And the case-control
18	inconsistency?	18	studies, some of them find an
19	MS. MILLER: Objection.	19	association, some do not.
20	That mischaracterizes her	20	Q. And so those are
21	testimony.	21	inconsistent?
22	THE WITNESS: So first of	22	MS. MILLER: Objection.
23	all, you can't prove the null.	23	THE WITNESS: Those are
24	BY MR. TISI:	24	clearly different.
	Page 27		Page 29
1	Q. Okay.	1	BY MR. TISI:
2	A. Okay. And so, again, you	2	Q. And so are they
3	assume until it's sort of like law.	3	inconsistent?
4	You assume innocence until proven guilty.	4	MS. MILLER: Objection.
5	Q. Okay.	5	THE WITNESS: Those those
6	A. And so you assume no	6	again are clearly different. And
7	association, and you have to see whether	7	so if if I think it would be
8	or not there is evidence of an	8	a different situation if if,
9	association.	9	you know, every single study found
10	Q. Okay. So changing that a	10	an association which was not the
11	little bit	11	case here.
12	MS. MILLER: Were you done?	12	BY MR. TISI:
13	Were you done answering?	13	Q. Okay. But consistency is
14	THE WITNESS: Well, I'll	14	one of the elements of the Bradford Hill
15	I was going to repeat again is	15	criteria, right?
16	that in the cohort studies they	16	A. That is correct.
17	consistently found no association,	17	Q. Okay. So I'm using a term
18	whereas in the case-control	18	of art, okay.
	studies, even among themselves,	19	Is it your opinion that
19	some found an association and some	20	that the the statistically significant
19 20		21	results are inconsistent with the
20	did not		
20 21	did not.		
20 21 22	BY MR. TISI:	22	statistically not significant results?
20 21			

8 (Pages 26 to 29)

	Page 30		Page 32
1	are two ways of looking at consistency.	1	She's been dancing around the
2	The first level is whether	2	question.
3	or not they are coming up with	3	THE WITNESS: So the
4	statistical significance or not. So	4	case-control studies generally
5	the the case-control studies were	5	report risk ratios greater than
6	mixed with that. And the cohort studies	6	one. A little over half are
7	all came up with an a nonsignificant	7	statistically significant. And
8	result.	8	the range of the magnitude of the
9	Q. Okay. So those are	9	estimate is quite large. There's
10	inconsistent in your opinion. I	10	no consistency between the
11	just I really want to focus on my	11	MS. SHARKO: You've got to
12	my question.	12	read much slower.
13	Is it your opinion that the	13	MR. TISI: We're going to
14	nonstatistically significant results that	14	have one or two. We're going to
15	you described of the cohort and some of	15	back to what you said what you
16	the case-control studies are inconsistent	16	said to me yesterday, that we only
17	with the case-controlled studies that	17	have one person.
18	showed a statistically significant	18	MS. MILLER: All she said
19	result?	19	was that she should read more
20	A. And again, I I don't know	20	
21	how to answer other than to say that	21	slowly. MR. TISI: I understand.
22		22	MS. MILLER: I can tell her
23	there is a difference between something	23	
23 24	that's statistically significant and	24	that.
24	something that's not.	24	MR. LOCKE: If you would
	Page 31		Page 33
	3		rage 33
1		1	
1 2	If that's your definition of	1	encourage that, that was something
2	If that's your definition of inconsistency, then in that regard, they	2	encourage that, that was something that you did in breach.
	If that's your definition of inconsistency, then in that regard, they are inconsistent.	2 3	encourage that, that was something that you did in breach. BY MR. TISI:
2 3 4	If that's your definition of inconsistency, then in that regard, they are inconsistent. Q. Doctor, I you applied the	2 3 4	encourage that, that was something that you did in breach. BY MR. TISI: Q. Go ahead.
2 3 4 5	If that's your definition of inconsistency, then in that regard, they are inconsistent. Q. Doctor, I you applied the Bradford Hill criteria which is	2 3 4 5	encourage that, that was something that you did in breach. BY MR. TISI: Q. Go ahead. MS. MILLER: If you read too
2 3 4	If that's your definition of inconsistency, then in that regard, they are inconsistent. Q. Doctor, I you applied the Bradford Hill criteria which is consistency is an element. And I'm	2 3 4 5 6	encourage that, that was something that you did in breach. BY MR. TISI: Q. Go ahead. MS. MILLER: If you read too quickly, the court reporter can't
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9 (Pages 30 to 33)

	Page 34		Page 36
1	MS. MILLER: Objection.	1	principles in reaching that
2	THE WITNESS: I think I	2	conclusion.
3	just I just stated that there.	3	BY MR. TISI:
4	BY MR. TIŠI:	4	Q. Okay. And in applying those
5	Q. Okay. Then that's then	5	principles in your judgment, there is no
6	that's the answer. I appreciate that.	6	evidence of causation, true?
7	Okay. Could you turn to	7	MS. MILLER: Objection.
8	Page 53 of your first of all, after	8	That mischaracterizes the
9	weighing the evidence, did you reach a	9	testimony again.
10	conclusion about the causation question?	10	MR. TISI: I'm asking the
11	MS. MILLER: Objection.	11	question. I'm asking
12	Vague.	12	MS. MILLER: Yeah, but
13	THE WITNESS: Yeah. What	13	you're mischaracterized her
14	MR. TISI: Okay. Let me ask	14	testimony.
15	the question.	15	MR. TISI: I'm asking her a
16	BY MR. TISI:	16	question, Counsel. You are
17	Q. After weighing all the	17	MS. MILLER:
18	evidence that you collected, did you	18	Mischaracterizing her testimony.
19	reach a conclusion about whether, in your	19	MR. TISI: Fine, object.
20	opinion, to a reasonable degree of	20	MS. MILLER: I am.
21	certainty, that talcum powder does or	21	MR. TISI: Good.
22	does not cause ovarian cancer?	22	THE WITNESS: May you repeat
23	A. So it is my professional	23	that, please.
24	opinion that there is no evidence of a	24	BY MR. TISI:
	1		
	Page 35		Page 37
1	causal relationship between talcum powder	1 1	O Ves in your independ heard
	r	1	Q. Yes, in your judgment based
2	exposure and ovarian cancer.	2	upon your analysis of the evidence, the
2 3			upon your analysis of the evidence, the epidemiologic and non-epidemiologic
3 4	exposure and ovarian cancer.	2	upon your analysis of the evidence, the epidemiologic and non-epidemiologic evidence, you have concluded that there
3 4 5	exposure and ovarian cancer. Q. And you used your	2 3 4 5	upon your analysis of the evidence, the epidemiologic and non-epidemiologic
3 4	exposure and ovarian cancer. Q. And you used your professional judgment based upon your	2 3 4	upon your analysis of the evidence, the epidemiologic and non-epidemiologic evidence, you have concluded that there
3 4 5	exposure and ovarian cancer. Q. And you used your professional judgment based upon your experience and training to reach that	2 3 4 5	upon your analysis of the evidence, the epidemiologic and non-epidemiologic evidence, you have concluded that there is no risk of ovarian cancer with talcum
3 4 5 6	exposure and ovarian cancer. Q. And you used your professional judgment based upon your experience and training to reach that conclusion?	2 3 4 5 6	upon your analysis of the evidence, the epidemiologic and non-epidemiologic evidence, you have concluded that there is no risk of ovarian cancer with talcum powder products? MS. MILLER: Objection. Same objection.
3 4 5 6 7	exposure and ovarian cancer. Q. And you used your professional judgment based upon your experience and training to reach that conclusion? A. It's based on my extensive	2 3 4 5 6 7	upon your analysis of the evidence, the epidemiologic and non-epidemiologic evidence, you have concluded that there is no risk of ovarian cancer with talcum powder products? MS. MILLER: Objection.
3 4 5 6 7 8	exposure and ovarian cancer. Q. And you used your professional judgment based upon your experience and training to reach that conclusion? A. It's based on my extensive and rigorous review of the epidemiology	2 3 4 5 6 7 8	upon your analysis of the evidence, the epidemiologic and non-epidemiologic evidence, you have concluded that there is no risk of ovarian cancer with talcum powder products? MS. MILLER: Objection. Same objection.
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	exposure and ovarian cancer. Q. And you used your professional judgment based upon your experience and training to reach that conclusion? A. It's based on my extensive and rigorous review of the epidemiology studies, and to some extent my review of the scientific literature and my experience and expertise in assessing studies for level of evidence of the data. Q. Okay. And did you use your professional judgment in reaching that conclusion? A. I don't know what you mean by professional judgment. Q. Did you did you use your judgment in looking at the data?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	upon your analysis of the evidence, the epidemiologic and non-epidemiologic evidence, you have concluded that there is no risk of ovarian cancer with talcum powder products? MS. MILLER: Objection. Same objection. THE WITNESS: I'm sorry. I keep not I believe I said that I applied established epidemiological principles in evaluating the data in totality and came to the conclusion that the evidence does not support a causal relationship between talcum powder exposure and ovarian cancer. BY MR. TISI:

10 (Pages 34 to 37)

		· 	
	Page 38		Page 40
1	state the following. You state, "In my	1	A. I am not a gynecologist.
2	professional opinion, there is no	2	Q. You are not an oncologist?
3	evidence of a causal relationship between	3	A. I am not an oncologist.
4	perineal genital talcum powder exposure	4	Q. You are not now nor have you
5	and ovarian cancer. This is based on my	5	ever been licensed to practice medicine
6	extensive and rigorous review of the	6	in any jurisdiction?
7	epidemiology studies, and to a lesser	7	A. That is correct.
8	extent my review of the scientific	8	Q. You're not a toxicologist?
9	literature, and my experience and	9	A. That is correct.
10	expertise in assessing studies for the	10	Q. You're not a mineralogist?
11	level of evidence in the data."	11	A. That is correct.
12	Did I read that correctly?	12	Q. You're not a geologist?
13	A. You did read that correctly.	13	A. That is correct.
14	Q. And that is your opinion?	14	Q. In fact, you do not have a
15	A. It's what I wrote there.	15	formal degree from any university in
16	Q. Okay. I'm going to mark,	16	epidemiology, do you?
17	just so we don't have to read the whole	17	A. My degree is in operations
18	report and come back to that.	18	research. And it might be of interest
19	(Document marked for	19	that Bradford Hill's degree actually was
20	identification as Exhibit	20	in economics. And I feel we followed
21		21	sort of the same career path in that our
22	Ballman-2.)	22	jobs that we took subsequently, first of
23	MR. TISI: This is your	23	
24	opinion. I'm going to mark this	24	all, we had the basis, the quantitative basis. I had some statistics courses as
24	as Exhibit Number 2, which is the	24	basis. Thad some statistics courses as
	Page 39		Page 41
1	statement that I just read.	1	part of my degree. I also took some I
2	BY MR. TISI:	2	don't know if it was for credit or not
3	 Q. And you can keep that and 	3	a seminar that was looking at sort of
4	put that aside for a moment. We're going	4	confounding and biases in published
5	to come back to that.	5	literature. And so that sort of sparked
6	Are the bases for this	6	my interest in statistics. And since
7	Ballman causation conclusion all	7	statistics was one of the tools in the
8	described in your epidemiology report	8	toolbox of operations research, my career
9	which we've marked as Exhibit Number 1?	9	started going the direction of
10	A. I'm sorry. Could you repeat	10	statistics.
11	the question?	11	MR. TISI: Okay. I'm going
12	Q. Yes. Are the bases for your	12	to move to strike.
13	conclusion that is in Exhibit Number 2	13	BY MR. TISI:
14	all described in your report which is	14	Q. My question was: Do you
15	Exhibit Number 1?	15	have a formal degree from any university
16	A. I believe that is the case.	16	in epidemiology?
17	I go through and support and describe the	17	A. Again, I have no formal
18	methods that I used and the reasons why I	18	degree, but I have extensive experience
19	came to various conclusions.	19	in epidemiology and statistics through my
20		20	
21		21	20 years of work. I mean, that's what I
22	more detail, but let me just back up for	22	do day in and day out.
	a minute.	22	Q. So the record is clear, you do not have a Ph.D. in epidemiology,
つつ			CONTROL DAVE A PRILL IN EDIGEMICION
23	You're not a gynecologist,		
23 24	true?	24	correct?

	Page 42		Page 44
-		_	
1	MS. MILLER: Objection.	1	you do introduce yourself as a
2	THE WITNESS: My Ph.D. is in	2	statistician, correct?
3	operations research. But what I'm	3	MS. MILLER: Objection.
4	saying is I have	4	THE WITNESS: So it depends
5	BY MR. TISI:	5	what colleagues I'm introducing
6	Q. I understand what you're	6	myself to. I mean, sometimes I
7	saying. I need to	7	introduce myself as a clinical
8	MS. MILLER: Please don't	8	researcher.
9	interrupt the witness.	9	BY MR. TISI:
10	MR. TISI: No, we're going	10	Q. Okay. Do when you speak
11	to we're going to	11	to the FDA, do you introduce yourself as
12	MS. MILLER: No. No, you're	12	a statistician?
13	not going to interrupt her.	13	 A. When I speak to the FDA, I
14	MR. TISI: We will call	14	do introduce myself as a statistician,
15	no. We're going to call the	15	because usually, you know, it just again
16	judge. I asked her a very	16	depends upon what skills the individuals,
17	simple	17	you know, are are in need at that
18	MS. MILLER: That's fine.	18	time.
19	MR. TISI: question.	19	But I have to say that there
20	MR. MILLER: That's fine if	20	is incredible overlap between
21	you're going to call the judge	21	biostatistics and epidemiology. If you
22	BY MR. TISI:	22	look at any first textbook you will see
23	Q. Are you	23	basically the same topics in whether
24	MR. MILLER: and I'll	24	the book says epidemiology on it or
	Page 43		Page 45
1		l	
1	tell the judge that you are interrupting	1	whether the book says statistics on it.
2	tell the judge that you are interrupting the witness.	2	whether the book says statistics on it. And, in fact, many departments and
2	the witness.	2	And, in fact, many departments and
2	the witness. BY MR. TISI:	2 3	And, in fact, many departments and divisions across the country, like my
2 3 4	the witness. BY MR. TISI: Q. Are you are you do you hold a Ph.D. in in epidemiology? MS. MILLER: Objection.	2 3 4 5 6	And, in fact, many departments and divisions across the country, like my own, are departments and divisions of
2 3 4 5	the witness. BY MR. TISI: Q. Are you are you do you hold a Ph.D. in in epidemiology?	2 3 4 5	And, in fact, many departments and divisions across the country, like my own, are departments and divisions of biostatistics and epidemiology, just due
2 3 4 5 6	the witness. BY MR. TISI: Q. Are you are you do you hold a Ph.D. in in epidemiology? MS. MILLER: Objection.	2 3 4 5 6	And, in fact, many departments and divisions across the country, like my own, are departments and divisions of biostatistics and epidemiology, just due to the amount of overlap when it comes to
2 3 4 5 6 7	the witness. BY MR. TISI: Q. Are you are you do you hold a Ph.D. in in epidemiology? MS. MILLER: Objection. Asked and answered twice.	2 3 4 5 6 7	And, in fact, many departments and divisions across the country, like my own, are departments and divisions of biostatistics and epidemiology, just due to the amount of overlap when it comes to medical research.
2 3 4 5 6 7 8	the witness. BY MR. TISI: Q. Are you are you do you hold a Ph.D. in in epidemiology? MS. MILLER: Objection. Asked and answered twice. THE WITNESS: I do not have	2 3 4 5 6 7 8	And, in fact, many departments and divisions across the country, like my own, are departments and divisions of biostatistics and epidemiology, just due to the amount of overlap when it comes to medical research. Q. Doctor, I'm going to I'm
2 3 4 5 6 7 8 9	the witness. BY MR. TISI: Q. Are you are you do you hold a Ph.D. in in epidemiology? MS. MILLER: Objection. Asked and answered twice. THE WITNESS: I do not have a Ph.D. in epidemiology, but I was	2 3 4 5 6 7 8 9	And, in fact, many departments and divisions across the country, like my own, are departments and divisions of biostatistics and epidemiology, just due to the amount of overlap when it comes to medical research. Q. Doctor, I'm going to I'm really going to stop and we're going to
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	Page 50		Page 52
<u></u>			
1 2 3 4 5 6	cause ovarian cancer?	1	BY MR. TISI:
2	A. Not in any sort of formal	2 3	Q. And that would have been
3	sense. I don't know if in casual		after you met with the lawyers for
4	conversation someone may have said what	4	Johnson & Johnson, correct?
5	do you think. But no, I didn't read a	5	A. I was
<u>6</u>	form a formal opinion.	6	MS. MILLER: Objection.
	Q. Okay. Is it fair to say	7	Please remember to give me
8	that the opinions that you have on the	8	time to object.
9	subject about whether or not talcum	9	THE WITNESS: I did not
10	powder products cause ovarian cancer	10	start the research until after
11	occurred after you've spoke to the	11	November 2018.
12	lawyers for the first time in November of	12	BY MR. TISI:
13	2018?	13	Q. When you first met the
14	MS. MILLER: Objection.	14	Johnson & Johnson lawyers?
15	THE WITNESS: So my opinion	15	MS. MILLER: Objection.
16	as to whether or not there is	16	THE WITNESS: Again, I had
17	evidence that talcum powder causes	17	no reason to do any research
18	ovarian cancer, is based upon the	18	before that, and so I started the
19	research that I had done.	19	research after I was retained to
20	I I did not reach a	20	do to render an opinion.
21	formal opinion until I had done	21	BY MR. TISI:
22	the research and looked at the	22	Q. Now, is it fair to say that
23	data in totality.	23	you never published on the subject of
24	BY MR. TISI:	24	talcum powder and ovarian cancer?
	Page 51		Page 53
1 1			
1	Q. And that was after November	1	A. That is correct. There are
2	of 2018?	2	no publications with my name on it.
2 3			no publications with my name on it. Q. And though you have by my
2 3 4	of 2018?	2 3 4	no publications with my name on it. Q. And though you have by my count over 200 publications in the
2 3 4 5	of 2018? A. Well, I I that's when I started the research Q. Right.	2 3 4 5	no publications with my name on it. Q. And though you have by my count over 200 publications in the literature, you didn't cite any of your
2 3 4 5 6	of 2018? A. Well, I I that's when I started the research	2 3 4 5 6	no publications with my name on it. Q. And though you have by my count over 200 publications in the
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2 3 4 5 6 7	of 2018? A. Well, I I that's when I started the research Q. Right. A on on the issue. Q. So the answer to my question is, the first time you ever reached a	2 3 4 5 6 7	no publications with my name on it. Q. And though you have by my count over 200 publications in the literature, you didn't cite any of your own literature for or any of your published work in your report, correct?
2 3 4 5 6 7 8	of 2018? A. Well, I I that's when I started the research Q. Right. A on on the issue. Q. So the answer to my question	2 3 4 5 6 7 8	no publications with my name on it. Q. And though you have by my count over 200 publications in the literature, you didn't cite any of your own literature for or any of your published work in your report, correct? A. I again just used the
2 3 4 5 6 7 8 9	of 2018? A. Well, I I that's when I started the research Q. Right. A on on the issue. Q. So the answer to my question is, the first time you ever reached a conclusion based upon your evaluation of	2 3 4 5 6 7 8	no publications with my name on it. Q. And though you have by my count over 200 publications in the literature, you didn't cite any of your own literature for or any of your published work in your report, correct? A. I again just used the research tools that I use when I do any sort of research. And, you know, there
2 3 4 5 6 7 8 9 10 11	of 2018? A. Well, I I that's when I started the research Q. Right. A on on the issue. Q. So the answer to my question is, the first time you ever reached a conclusion based upon your evaluation of the data did not occur until after you	2 3 4 5 6 7 8 9 10 11	no publications with my name on it. Q. And though you have by my count over 200 publications in the literature, you didn't cite any of your own literature for or any of your published work in your report, correct? A. I again just used the research tools that I use when I do any
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	Dana 54		Daga FC
	Page 54		Page 56
1	experience. And so	1	A. Yes. I do reference this
2	BY MR. TISI:	2	article.
3	Q. Okay. But your published	3	Q. Okay. Since 1982, you would
4	research, you did not rely on any of your	4	agree with me that there are over 30
5	published research in crafting your	5	epidemiologic studies that have been
6	report because it's not it's not in	6	published?
7	the bibliography or the anything	7	A. Since this time, I believe
8	relied on that was given to us, so I'll	8	the studies that I have in my report and
9	represent to you that I looked through	9	I reviewed included a total of about 30
10	all all of your citations, and there's	10	that were case-control studies or cohort
11	not a single reference to any of your	11	studies, and meta-analyses.
12	published work. Is that accurate?	12	Q. Right. So between 1982 and
13	MS. MILLER: Objection.	13	the time that we sit here today in 2019,
14	THE WITNESS: So there are	14	there are over 30 studies, and these
15	no references	15	include population-based case-control
16	BY MR. TISI:	16	studies, correct?
17	Q. Okay.	17	A. There are population-based
18	A to my own published work.	18	case-control studies.
19	But that wasn't necessary in my	19	Q. They include hospital-based
20	that because it was based upon my	20	case-control studies, right?
21	experience and I used what were the	21	A. There are hospital-based
22	relevant pieces of the epidemiology and	22	case-control studies.
23	actually, you know, the reports that I	23	Q. Cohort studies, which you
24	read, and that is in my report.	24	mentioned.
	Page 55		Page 57
1		1	Page 57 A. There are cohort studies.
1 2	Q. Okay. And you know that the	1 2	A. There are cohort studies.
	Q. Okay. And you know that the first epidemiologic study that described		A. There are cohort studies.Q. Meta-analyses of the
2	Q. Okay. And you know that the	2	A. There are cohort studies.
2 3	Q. Okay. And you know that the first epidemiologic study that described the potential association between talcum	2 3	A. There are cohort studies. Q. Meta-analyses of the epidemiologic studies?
2 3 4	Q. Okay. And you know that the first epidemiologic study that described the potential association between talcum powder products and ovarian cancer was	2 3 4	A. There are cohort studies. Q. Meta-analyses of the epidemiologic studies? A. There are meta-analyses of
2 3 4 5 6 7	Q. Okay. And you know that the first epidemiologic study that described the potential association between talcum powder products and ovarian cancer was published by researchers out of Harvard University in 1982, correct? MS. MILLER: Objection.	2 3 4 5	A. There are cohort studies. Q. Meta-analyses of the epidemiologic studies? A. There are meta-analyses of the observational studies.
2 3 4 5 6	Q. Okay. And you know that the first epidemiologic study that described the potential association between talcum powder products and ovarian cancer was published by researchers out of Harvard University in 1982, correct?	2 3 4 5 6	A. There are cohort studies. Q. Meta-analyses of the epidemiologic studies? A. There are meta-analyses of the observational studies. Q. A pooled analysis? A. There is a pooled analysis. Q. And there are biologic
2 3 4 5 6 7 8 9	Q. Okay. And you know that the first epidemiologic study that described the potential association between talcum powder products and ovarian cancer was published by researchers out of Harvard University in 1982, correct? MS. MILLER: Objection. THE WITNESS: So it I don't know with complete	2 3 4 5 6 7 8 9	A. There are cohort studies. Q. Meta-analyses of the epidemiologic studies? A. There are meta-analyses of the observational studies. Q. A pooled analysis? A. There is a pooled analysis. Q. And there are biologic studies, which you also refer to?
2 3 4 5 6 7 8 9	Q. Okay. And you know that the first epidemiologic study that described the potential association between talcum powder products and ovarian cancer was published by researchers out of Harvard University in 1982, correct? MS. MILLER: Objection. THE WITNESS: So it I don't know with complete confidence, but I do know that the	2 3 4 5 6 7 8 9	A. There are cohort studies. Q. Meta-analyses of the epidemiologic studies? A. There are meta-analyses of the observational studies. Q. A pooled analysis? A. There is a pooled analysis. Q. And there are biologic
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Okay. And you know that the first epidemiologic study that described the potential association between talcum powder products and ovarian cancer was published by researchers out of Harvard University in 1982, correct? MS. MILLER: Objection. THE WITNESS: So it I don't know with complete confidence, but I do know that the first publication that I reviewed that had an association in it, I believe was in 1982 by Cramer. BY MR. TISI: Q. Okay. I'm just going to, for purposes of the record, I will attach the Cramer article as Exhibit Number 3. (Document marked for identification as Exhibit Ballman-3.) BY MR. TISI: Q. Is that the same Exhibit	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. There are cohort studies. Q. Meta-analyses of the epidemiologic studies? A. There are meta-analyses of the observational studies. Q. A pooled analysis? A. There is a pooled analysis. Q. And there are biologic studies, which you also refer to? A. There are there are some biological studies. Q. Okay. And of all those studies in the past 40 years, you have not been involved in any of them, your name doesn't appear in any of those studies, correct? A. I am not an author on any of those studies that you cited. Q. Well, you were not involved in any way in any of those studies, correct, because your involvement in this this issue didn't really happen

15 (Pages 54 to 57)

	Page 58		Page 60
1	how to quite interpret that. I mean, I	1	for over 40 years. You've seen you've
2	have vast amount of experience of	2	seen articles across the spectrum,
3	analyzing data that are in these types of	3	correct?
4	studies	4	MR. LOCKE: Objection.
5	MS. MILLER: Please don't	5	MS. MILLER: Objection.
6	interrupt her.	6	That's like seven different
7	THE WITNESS: in terms of	7	questions all in one.
8	coming to a conclusion.	8	MR. TISI: Yes.
9	BY MR. TISI:	9	BY MR. TISI:
10	Q. Doctor, I'm not asking you	10	Q. There are multiple
11	what your background is now. I'm asking	11	scientists let me rephrase the
12	you prior to November of 2018, had you	12	question.
13	ever been involved in any study,	13	There are multiple
14	observational or otherwise, in any	14	scientists from multiple disciplines that
15	capacity involving talcum and ovarian	15	have looked at the questions related to
16	cancer?	16	ovarian cancer and talc for over
17	A. I have no publications in	17	40 years, true?
18	talc and ovarian cancer.	18	MS. MILLER: Objection.
19	Q. I'm not limiting it to	19	THE WITNESS: So I don't
20	publications. I'm asking you, had you	20	know what you mean by "multiple."
21	had any involvement in any fashion with	21	But when there's any sort of topic
22	any study involving ovarian cancer and	22	that's researched, it involves,
23	tale?	23	you know, many different people.
24	A. So again, I'm not sure what	24	It's never I mean, it's not
	71. So again, 111 not sure what		it is nover a ribati, it is not
	Page 59		Page 61
1	you mean by the term "involvement." I		
^	<i>your mount of the terms in the terms in</i>	1	valuable research if it's just one
2	mean	2	valuable research if it's just one person. So I don't think talcum
3	•		
3 4	mean	2 3 4	person. So I don't think talcum
3 4 5	mean Q. Did anyone then I'll rephrase it. Okay. Did anyone ever call you and	2 3 4 5	person. So I don't think talcum powder and ovarian cancer is any different from any other research field that you had mentioned.
3 4 5 6	mean Q. Did anyone then I'll rephrase it. Okay. Did anyone ever call you and say, "You know, we're doing a study,	2 3 4 5 6	person. So I don't think talcum powder and ovarian cancer is any different from any other research
3 4 5 6 7	mean Q. Did anyone then I'll rephrase it. Okay. Did anyone ever call you and say, "You know, we're doing a study, Dr. Ballman. Can you give us your	2 3 4 5 6 7	person. So I don't think talcum powder and ovarian cancer is any different from any other research field that you had mentioned. BY MR. TISI: Q. Right. And so the answer to
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3 4 5 6 7 8 9	mean Q. Did anyone then I'll rephrase it. Okay. Did anyone ever call you and say, "You know, we're doing a study, Dr. Ballman. Can you give us your informal advice on how to design it," involving ovarian cancer	2 3 4 5 6 7 8	person. So I don't think talcum powder and ovarian cancer is any different from any other research field that you had mentioned. BY MR. TISI: Q. Right. And so the answer to the question is there are literally dozens of scientists across the spectrum
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powder product caused ovarian cancer in 23 Q. Do you remember that?				
21 that 40-year period: 24 A. 1 can, year, year,	ر ت			
· · · · · · · · · · · · · · · · · · ·	24	that 40-year period?) J A	Δ Yeah veah veah veah

17 (Pages 62 to 65)

	Page 66		Page 68
1	yeah. I don't know him personally.	1	it's unusual. I'm just asking you the
2	Q. Right. But he is a he is	2	simple question. They never none of
3	a well-established epidemiologist,	3	the lawyers excuse me.
4	correct?	4	None of the scientists at
5	MS. MILLER: Objection.	5	Johnson & Johnson ever contacted you over
6	THE WITNESS: He is an	6	the past 40 years to seek your advice,
7	epidemiologist and I've heard his	7	true?
8	name.	8	A. I have not been
9	BY MR. TISI:	9	MS. MILLER: Objection.
10	Q. Right. And you also	10	THE WITNESS: Oh, sorry.
11	and contacted Drs. Huncharek and	11	BY MR. TISI:
12	Muscat. You've seen those names,	12	Q. You may answer.
13	correct?	13	A. Yeah.
14	A. I have seen those names.	14	Q. She is going to object to
15		15	everything, so just
16	Q. Okay. And I'm going to tell	16	A. I'll wait, I need to wait.
17	you, over the course of 40 years, they	17	
18	have contacted people from various	18	MS. MILLER: I'm not going
19	disciplines to for various questions	19	to object if you don't ask
	related to talc and ovarian cancer. I	20	objectionable questions.
20	want to ask you to assume that that is	21	MR. TISI: Okay.
21	true. And I will	22	MS. MILLER: It's a simple
22	MS. MILLER: Objection.	1	solution.
23	MR. TISI: I haven't even	23	THE WITNESS: I have not
24	asked the question, counsel.	24	been contacted by anyone in
	Page 67		Page 69
1	MS. MILLER: I didn't even	1	Johnson & Johnson.
2	know. I can't tell what's a	2	BY MR. TISI:
3	question and what's a lecture.	3	Q. Related to the issue of
4	MR. TISI: Well, then	4	talcum powder products and ovarian
5	wait wait till the end.	5	cancer, true?
6	BY MR. TISI:	6	A. If you don't count the
7	Q. At no time did any scientist	1	A. If you don't count the
		1 7	
		7 Ω	lawyers, and I'm not sure what that
8	or regulatory person from Johnson &	8	lawyers, and I'm not sure what that relationship means, I I have not.
8 9	or regulatory person from Johnson & Johnson ever contact Dr. Ballman to ask	8 9	lawyers, and I'm not sure what that relationship means, I I have not. Q. Okay. Would it surprise you
8 9 10	or regulatory person from Johnson & Johnson ever contact Dr. Ballman to ask her opinions until the lawyers contacted	8 9 10	lawyers, and I'm not sure what that relationship means, I I have not. Q. Okay. Would it surprise you that when we looked in the Johnson in
8 9 10 11	or regulatory person from Johnson & Johnson ever contact Dr. Ballman to ask her opinions until the lawyers contacted you in November of 2018, would that be a	8 9 10 11	lawyers, and I'm not sure what that relationship means, I I have not. Q. Okay. Would it surprise you that when we looked in the Johnson in the millions of pages of documents that
8 9 10 11 12	or regulatory person from Johnson & Johnson ever contact Dr. Ballman to ask her opinions until the lawyers contacted you in November of 2018, would that be a true statement?	8 9 10 11 12	lawyers, and I'm not sure what that relationship means, I I have not. Q. Okay. Would it surprise you that when we looked in the Johnson in the millions of pages of documents that Johnson & Johnson sent to us, that not a
8 9 10 11 12 13	or regulatory person from Johnson & Johnson ever contact Dr. Ballman to ask her opinions until the lawyers contacted you in November of 2018, would that be a true statement? MS. MILLER: Objection.	8 9 10 11 12 13	lawyers, and I'm not sure what that relationship means, I I have not. Q. Okay. Would it surprise you that when we looked in the Johnson in the millions of pages of documents that Johnson & Johnson sent to us, that not a single article of research that you have
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	Page 70		Page 72
1	article that you've ever written that	1	Q. Okay. And that would be for
2	would be relevant to the question of	2	research, correct?
3	whether or not ovarian cancer is caused	3	A. I haven't been contacted by
4	by talcum powder products?	4	anyone in Johnson & Johnson.
5	MS. MILLER: Objection.	5	Q. And that would be to help
6	THE WITNESS: Well, I have	6	them in any regulatory issue, correct?
7	expertise in other in in	7	A. I have not been contacted by
8	just sort of this type of thing in	8	anyone in Johnson & Johnson.
9	general. But if if it's	9	Q. Okay. So it's the
10	related to ovarian cancer and	10	company and I'm distinction the
11	talcum powder as we discussed,	11	company from the lawyers.
12	there would not be any	12	The company has not spent
13	publications with my name on it	13	any time and effort trying to understand
14	that that address ovarian	14	your opinions or the basis of it, just
15	cancer and talcum powder.	15	the lawyers, true?
16	BY MR. TISI:	16	MS. MILLER: Objection.
17	Q. Now, even as of today, we're	17	THE WITNESS: Again, I'm not
18	now in March of 2019, since Ms. Sharko	18	sure how to answer that because I
19	found you as an expert witness in this	19	was retained in terms of the
20	litigation, have you ever been in contact	20	litigation. I don't know if
21	with any J&J scientist that where they	21	there's any rules that surround
22	said well, now that we found you,	22	that or whatever. I have no idea.
23		23	BY MR. TISI:
23 24	Dr. Ballman, maybe you can help us design a study or give us your advice on	24	
24	a study or give us your advice on	24	Q. But the answer would be no,
	Page 71		Page 73
1	causation or any anything related to	1	you've not been retained and spoken to
2	talcum powder products and ovarian	۱ م	anybody at Johnson & Johnson in
3		2	anyoody at sombon & sombon m
J	cancer, have you spoken to any scientist	3	
4	cancer, have you spoken to any scientist at J&J since November of 2018?		connection with any scientific question outside of the legal arena, correct?
		3	connection with any scientific question outside of the legal arena, correct?
4	at J&J since November of 2018?	3 4	connection with any scientific question outside of the legal arena, correct?
4 5	at J&J since November of 2018? A. I have not spoke	3 4 5	connection with any scientific question outside of the legal arena, correct? A. As I mentioned, I have not,
4 5 6	at J&J since November of 2018? A. I have not spoke MS. MILLER: You've got to	3 4 5 6	connection with any scientific question outside of the legal arena, correct? A. As I mentioned, I have not, as far as I know, talked to anyone from Johnson & Johnson.
4 5 6 7	at J&J since November of 2018? A. I have not spoke MS. MILLER: You've got to let me object. There was like, seven questions in there. You've	3 4 5 6 7	connection with any scientific question outside of the legal arena, correct? A. As I mentioned, I have not, as far as I know, talked to anyone from Johnson & Johnson. Q. In fact, Johnson & Johnson
4 5 6 7 8	at J&J since November of 2018? A. I have not spoke MS. MILLER: You've got to let me object. There was like, seven questions in there. You've got to give me time to object.	3 4 5 6 7 8	connection with any scientific question outside of the legal arena, correct? A. As I mentioned, I have not, as far as I know, talked to anyone from Johnson & Johnson. Q. In fact, Johnson & Johnson makes hundreds of products for
4 5 6 7 8 9	at J&J since November of 2018? A. I have not spoke MS. MILLER: You've got to let me object. There was like, seven questions in there. You've got to give me time to object. That was objectionable.	3 4 5 6 7 8 9	connection with any scientific question outside of the legal arena, correct? A. As I mentioned, I have not, as far as I know, talked to anyone from Johnson & Johnson. Q. In fact, Johnson & Johnson makes hundreds of products for pharmaceuticals, medical devices and
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	Page 74		Page 76
1		1	
2	THE WITNESS: Again, I don't	1 2	A. I believe myself, or just the institution I work for?
3	know how companies operate. I	3	
4	don't know I mean I presume they have their own scientists.	4	Q. Your team. You and your
5		5	anybody that you may collaborate with?
6	I'm not sure if they are reaching	6	A. There might have been one or two occasions.
7	out. I just BY MR. TISI:	7	
8		8	Q. Okay. But they've not been Johnson & Johnson?
9	Q. I'm asking you what they did	9	A. That is correct.
10	for you. And I am not asking you to get in their mind and figure out what their	10	
11		11	_
12	policies are or anything like that. Has Johnson & Johnson, any	12	asked you to represent them on any issue before the FDA related to talcum powder
13	Johnson & Johnson scientist ever reached	13	products, have they?
14	out to Dr. Karla Ballman to ask her help	14	MS. MILLER: Objection.
15		15	THE WITNESS: I have not
16	in understanding any scientific question	16	been before the FDA on behalf of
17	for any reason? A. Again, I have not talked to	17	Johnson & Johnson.
18	anyone in an official capacity from	18	BY MR. TISI:
19	Johnson & Johnson.	19	Q. For any reason including
20	Q. And you have a career	20	A. For any reason.
21		21	· ·
22	spanning how many decades now? A. Oh, easily about two to	22	Q. Okay. You know that IARC looked at the question of ovarian cancer
23	three decades.	23	and talcum powder products in 2006
24	Q. Okay. And in that two or	24	correct?
24	Q. Okay. And in that two or	24	correct?
	Page 75		Page 77
1	Page 75 three decades, no one from Johnson &	1	Page 77 A. I read a report from IRAC
2		1 2	
	three decades, no one from Johnson &		A. I read a report from IRAC
2	three decades, no one from Johnson & Johnson ever reached out to you and asked	2	A. I read a report from IRAC (sic) who that looked at that
2	three decades, no one from Johnson & Johnson ever reached out to you and asked you, "Hey, you know, we got this problem	2 3	A. I read a report from IRAC (sic) who that looked at that question.
2 3 4	three decades, no one from Johnson & Johnson ever reached out to you and asked you, "Hey, you know, we got this problem here. Can you help us design a study or analyze data, perform a causation analysis," anything scientist related?	2 3 4	A. I read a report from IRAC (sic) who that looked at that question. Q. And were you asked by
2 3 4 5	three decades, no one from Johnson & Johnson ever reached out to you and asked you, "Hey, you know, we got this problem here. Can you help us design a study or analyze data, perform a causation	2 3 4 5	A. I read a report from IRAC (sic) who that looked at that question. Q. And were you asked by anybody in the talc industry to help them
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2 3 4 5 6 7 8 9	three decades, no one from Johnson & Johnson ever reached out to you and asked you, "Hey, you know, we got this problem here. Can you help us design a study or analyze data, perform a causation analysis," anything scientist related? MS. MILLER: Objection. THE WITNESS: So I am in academia. So, you know, I don't	2 3 4 5 6 7 8 9	A. I read a report from IRAC (sic) who that looked at that question. Q. And were you asked by anybody in the talc industry to help them understand that talc-ovarian-cancer connection in connection with the IARC proceedings in 2006? A. I was not part of the IRAC
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20 (Pages 74 to 77)

1 MR. TISI: Actually, that's 2 fine. 3 MS. MILLER: Are you 4 striking the question? 5 MR. TISI: No, I just 6 it's fine. 7 MS. MILLER: If you're not 8 striking the question 9 MR. TISI: She didn't 10 know she didn't know the 11 answer. 11 determine whether or not that it be a somewhere. International Agency For 4 Research on Cancer. 2 MS. MILLER: Objection. 3 MS. MILLER: Objection. 4 MS. MILLER: Objection. 5 MS. MILLER: Objection. 6 That was two questions. 7 THE WITNESS: Again, as I said, I mean, I ARC is an established committee that people knew the and or not there is carcinogenic risk to humans and people refer to them, as I do myself. 5 MS. MILLER: Objection. 6 MS. MILLER: Objection. 7 MS. MILLER: Objection. 8 MS. MILLER: Objection. 9 A. I and as you see I don't even you report, Doctor? 10 Q. Okay. 11 Of of that agency. 12 A. And as you see I don't even you report, box of what you mean rely on them. 13 Of of that agency. 2 And it's right here you rever been asked by can IARC to participate in any deliberation about whether or not a substance causes cancer? 9 A. I have not been on any IARC committee. 10 Q. Have you ever been asked by can IARC to participate in any deliberation about whether or not a substance causes cancer? 9 A. I have not been on any IARC to gets experts in the areas that they deem of interest. 10 G. Do you 11 the WITNESS: They again, it depends upon what you mean by respectable. I mean, as I said them to see what what their organization? 11 they someone that you come in context with through the literature and your cancer? 12 Do you are port, box of the most of the mos		Page 78		Page 80
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21 (Pages 78 to 81)

	Page 82		Page 84
1	I'd have to look at the dates to	1	time that you wrote your report?
2	make sure. But I I do agree	2	A. I I actually looked it up
3	that the actual monograph came out	3	before as I was writing my report,
4	after they had done analyses and	4	before it was finalized.
5	the data that they use for that	5	Q. Okay. So you were familiar
6	analyses.	6	with it, but didn't list it in your
7	BY MR. TISI:	7	report as something that you had
8	Q. Now, you do know that in	8	considered in connection with your
9		9	opinions?
10	December 2018, two months before you	10	A. I did not reference it.
11	issued your litigation report for J&J's	11	
12	lawyers, Health Canada looked at the	12	And and actually, I may have
	question as to whether or not, in your	13	misspoken. I it's been such a blur
13	words, the epidemiology studies and	14	these last two year months I
14	scientific literature supported a causal	l	don't even years, it feels like years.
15	relationship between talcum powder	15	I I'm not sure exactly
16	products and ovarian cancer.	16	when I looked at what, so but I do
17	Do you do you know that	17	believe I did see it before I finalized
18	to be true?	18	my report, because I do reference the
19	MS. MILLER: Objection.	19	Taher meta-analysis.
20	THE WITNESS: So are you	20	Q. Right. Well, you know the
21	asking me if I'm aware that Health	21	Taher meta-analysis was commissioned by
22	Canada has issued a could	22	Health Canada and then used in the Health
23	could you rephrase that?	23	Canada report, you know that they are two
24	BY MR. TISI:	24	separate reports?
	Page 83		Page 85
1	Q. Yes. Yes. Do you know that	1	A. They are two separate
2	in December 2018 they issued a, call it a	2	reports.
3	draft report, about assessing the various	3	Q. Okay. Now, Health Canada,
4	lines of evidence using the Bradford Hill	4	just for the record, is the Canadian
5	criteria on the question about whether or	5	equivalent to the U.S. FDA?
6	not talcum powder products is capable of	6	A. That
7	causing ovarian cancer?	7	MS. MILLER: Objection.
8	A. I know that Health Canada	8	THE WITNESS: That's what
9	has issued did issue a draft report	9	I've been told. I I don't
10	late last year.	10	know. I didn't know one way or
11	Q. Okay. And you know that	11	the other.
12	they looked at the evidence through the	12	BY MR. TISI:
13	Bradford Hill criteria, correct?	13	Q. And other than for
14	MS. MILLER: Objection.	14	litigation purposes, and I mean on both
15	THE WITNESS: I can	15	sides, plaintiffs' experts and
16	you can I see the report,	16	defendants' experts, are you aware of any
17	please? I can't	17	more recent analysis of the causation
18	BY MR. TISI:	18	question through a Bradford Hill
19	Q. I will give it I will	19	framework than the one conducted by
20	give it to you. But you it was	20	Health Canada outside of litigation, are
	provided to you. I saw it on your	21	you aware of anything else?
2. l			
21 22	supplemental reliance list that was	1 22	A That's a long question Do
22	supplemental reliance list that was	22 23	A. That's a long question. Do
	supplemental reliance list that was turned over to us last night. Did you have that at the	22 23 24	A. That's a long question. Do you want to do I mean, I don't know Q. Let me let me

	Daga 96		Daga 99
_	Page 86		Page 88
1	A because you're putting	1	BY MR. TISI:
2	Bradford Hill in there and	2	Q. And in your in your
3	Q. Let me rephrase the question	3	practice of in your professional
4	then.	4	practice outside of litigation, is it
5	Do you know of any authors,	5	important for you to consider the
6	published or unpublished, apart from	6	opinions and views of other scientists
7	litigation, which has done a causation	7	who look at the same or similar questions
8	analysis of the question of ovarian	8	that you were asked to look at?
9	cancer and talc more recently than Health	9	A. That's a really broad
10	Canada in December of 2018?	10	question.
11	 A. So the Health Canada report, 	11	Q. Do you consider the views of
12	you mean, unpublished report, draft	12	other scientists?
13	report?	13	MS. MILLER: Objection.
14	Q. Correct.	14	THE WITNESS: When I do
15	A. Has there been another	15	research, I I look at
16	published study?	16	publications. So I believe those
17	Q. Has there been any other	17	probably are views of of other
18	published or unpublished analysis of the	18	scientists. I mean, to do
19	question of about whether ovarian cancer	19	research, you you need to look
20	and talcum powder products are linked,	20	at the literature.
21	is is that the most recent, outside of	21	BY MR. TISI:
22	litigation, that you can think of?	22	Q. Do you speak do you speak
23	A. Oh, out	23	to colleagues and get their opinions?
24	MS. MILLER: Objection.	24	A. If we're doing research in
			,
	Page 87		Page 89
1	THE WITNESS: Outside of	1	the same area, I may speak to a colleague
2	litigation? I I don't know off	2	with respect to a research question I'm
3	the top of my head. I'd have to	3	working on.
4	go through and look at all the	4	Q. Do you go to meetings where
5	reports.	5	information is presented orally or on
6	BY MR. TISI:	6	posters?
7	Q. Okay. Okay. I'm going to	7	A. I go to many meetings, and
8	have marked as Exhibit 4 a document which	8	so often there are information presented
9	is the draft screening assessment from	9	orally and on posters.
10	Health Canada.	10	Q. And on on the whole, the
11	Now, this is on the	11	views of other scientists is information
12	supplemental reliance list that was	12	that you integrate into your knowledge
13	served on us last night, correct?	13	base when you look at scientific
14	A. I	14	questions, true?
15	MS. MILLER: I don't think	15	MS. MILLER: Objection.
16	she knows when it was served.	16	THE WITNESS: So it all
17	BY MR. TISI:	17	depends. It depends upon the
18	Q. Okay. Well all right.	18	quality of of the data. I look
19	You've seen this, correct?	19	at the data. I I you know,
20	A. I have seen this, correct.	20	determine whether or not the
21	Q. Okay.	21	conclusions that they reach is
22	(Document marked for	22	is justified by the data that they
23	identification as Exhibit	23	have and their study design. And
24	Ballman-4.)	24	so, I I you know, just
	,		2-, =

23 (Pages 86 to 89)

	Page 90		Page 92
1	because it's another scientist	1	Do you see that?
2	doesn't necessarily mean	2	MS. MILLER: Objection.
3	BY MR. TISI:	3	It's not a study. It's a table.
4	Q. Now	4	BY MR. TISI:
5	MS. MILLER: We've been	5	Q. Do you see that?
6	going about an hour. Is this a	6	A. I see a table that's titled
7	good time for a break or?	7	"Available Human Epidemiological Studies
8	MR. TISI: Actually let me	8	Investigating the Association of Perineal
9	finish this this area here.	9	Talc and Ovarian Cancer."
10	BY MR. TISI:	10	Q. And as you glance through
11	Q. In the other report, I'm	11	these, the studies that are listed here,
12	going to talk about, you were involved in	12	these are studies that are familiar to
13	the Viagra/Cialis litigation?	13	you, correct?
14	A. Yes.	14	A. These look like they include
15	Q. Okay. And you issued a	15	some of the case-control studies and
16	report in that litigation as well?	16	cohort studies that have been used in
17	A. I did.	17	other meta-analyses.
18	Q. You had a section in that	18	Q. Okay. They cover for
19	report dealing with regulatory issues and	19	example, I see the Cramer study from 1982
20	the regulatory views of various European	20	that we marked?
21	and and U.S. agencies. Do you recall	21	A. I see that.
22	that?	22	Q. Okay. And they cover
23	A. Can I see it, please?	23	case-control studies, population-based
24	Q. I don't have it with me,	24	and hospital-based studies.
	Page 91		Page 93
1	but but do you recall that, I'm asking	1	Do you see that?
2	but but do you recall that, I'm asking whether you recall	2	Do you see that? A. I see that study type is
2	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection.	l	Do you see that? A. I see that study type is listed. I don't know which are hospital
2 3 4	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I	2 3 4	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based.
2 3 4 5	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics.	2 3 4 5	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on
2 3 4 5 6	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI:	2 3 4 5 6	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies.
2 3 4 5 6 7	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay.	2 3 4 5 6 7	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that?
2 3 4 5 6 7 8	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to	2 3 4 5 6 7 8	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists
2 3 4 5 6 7 8 9	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please.	2 3 4 5 6 7 8 9	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies.
2 3 4 5 6 7 8 9	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection.	2 3 4 5 6 7 8 9	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the
2 3 4 5 6 7 8 9 10	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry.	2 3 4 5 6 7 8 9 10	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at.
2 3 4 5 6 7 8 9 10 11	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI:	2 3 4 5 6 7 8 9 10 11	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human
2 3 4 5 6 7 8 9 10 11 12	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI: Q. Let me ask you this. Go to	2 3 4 5 6 7 8 9 10 11 12 13	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human studies. It has the sentence, "Several
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI: Q. Let me ask you this. Go to Page 16 MS. MILLER: Of what? MR. TISI: Of Exhibit 4. BY MR. TISI: Q. There's a Table 6.1. Do you	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human studies. It has the sentence, "Several meta-analyses are available of the epidemiologic data have been published, some very recently. (Huncharek, 2003; Langseth, 2008; Terry, 2018; Berge, 2018, Penninkilampi and Eslick, 2018; Taher,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI: Q. Let me ask you this. Go to Page 16 MS. MILLER: Of what? MR. TISI: Of Exhibit 4. BY MR. TISI: Q. There's a Table 6.1. Do you see that?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human studies. It has the sentence, "Several meta-analyses are available of the epidemiologic data have been published, some very recently. (Huncharek, 2003; Langseth, 2008; Terry, 2018; Berge, 2018, Penninkilampi and Eslick, 2018; Taher, 2018)."
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI: Q. Let me ask you this. Go to Page 16 MS. MILLER: Of what? MR. TISI: Of Exhibit 4. BY MR. TISI: Q. There's a Table 6.1. Do you see that? A. I do see the table. Q. And it's a study entitled	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human studies. It has the sentence, "Several meta-analyses are available of the epidemiologic data have been published, some very recently. (Huncharek, 2003; Langseth, 2008; Terry, 2018; Berge, 2018, Penninkilampi and Eslick, 2018; Taher, 2018)." Do you see that those? A. I see that. I didn't
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI: Q. Let me ask you this. Go to Page 16 MS. MILLER: Of what? MR. TISI: Of Exhibit 4. BY MR. TISI: Q. There's a Table 6.1. Do you see that? A. I do see the table. Q. And it's a study entitled "Available human epidemiologic studies	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human studies. It has the sentence, "Several meta-analyses are available of the epidemiologic data have been published, some very recently. (Huncharek, 2003; Langseth, 2008; Terry, 2018; Berge, 2018, Penninkilampi and Eslick, 2018; Taher, 2018)." Do you see that those? A. I see that. I didn't realize that Taher has been published.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI: Q. Let me ask you this. Go to Page 16 MS. MILLER: Of what? MR. TISI: Of Exhibit 4. BY MR. TISI: Q. There's a Table 6.1. Do you see that? A. I do see the table. Q. And it's a study entitled "Available human epidemiologic studies investigating the association of perineal	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human studies. It has the sentence, "Several meta-analyses are available of the epidemiologic data have been published, some very recently. (Huncharek, 2003; Langseth, 2008; Terry, 2018; Berge, 2018, Penninkilampi and Eslick, 2018; Taher, 2018)." Do you see that those? A. I see that. I didn't realize that Taher has been published. Q. It's it's not been
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	but but do you recall that, I'm asking whether you recall MS. MILLER: Objection. THE WITNESS: No, I I don't recall any specifics. BY MR. TISI: Q. Okay. MS. MILLER: Give me time to object, please. Objection. THE WITNESS: So, sorry. BY MR. TISI: Q. Let me ask you this. Go to Page 16 MS. MILLER: Of what? MR. TISI: Of Exhibit 4. BY MR. TISI: Q. There's a Table 6.1. Do you see that? A. I do see the table. Q. And it's a study entitled "Available human epidemiologic studies	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Do you see that? A. I see that study type is listed. I don't know which are hospital based and which are population based. Q. And if if you look on Page 18, it includes the cohort studies. Do you see that? A. Yes. I see page 18 lists cohort studies. Q. And they considered the meta-analyses that you also looked at. If you look at Page 16 under human studies. It has the sentence, "Several meta-analyses are available of the epidemiologic data have been published, some very recently. (Huncharek, 2003; Langseth, 2008; Terry, 2018; Berge, 2018, Penninkilampi and Eslick, 2018; Taher, 2018)." Do you see that those? A. I see that. I didn't realize that Taher has been published.

24 (Pages 90 to 93)

		_	
	Page 94		Page 96
1	A. But it says published.	1	Q. Next page next paragraph
2	Q. Okay. So let me ask you	2	says "Specificity." That's also a
3	this. Those are all studies that you're	3	Bradford Hill aspect?
4	familiar with, correct? You've seen	4	A. I see where it says
5	those?	5	"specificity."
6	A. I have seen those studies.	6	Q. "Temporality" is also a
7	Q. All right. And so does it	7	Bradford Hill aspect?
8	appear from looking at the studies, they	8	A. I see where it says
9	considered pretty much they considered	9	Q. Biologic gradient is also a
10	the same studies that you considered?	10	Bradford Hill aspect?
11	A. I I mean, I'd have	11	A. I see that.
12	to go through and look and compare	12	Q. Biologic plausibility?
13	whether or not every single study here is	13	A. I see that section.
14	what every single study that I looked at.	14	Q. Coherence, they have that,
15	But I do it appears that, you know, I	15	correct?
16	recognize the names of many of these	16	A. I see that section.
17	studies here. I don't know if it's a	17	
18		18	Q. Okay. And all of those are the same that's the same framework
19	complete match.	19	
20	Q. Okay. Now, can you turn to	20	that you used in your report, correct? You considered all those factors?
21	Page 19 through 21. On the very bottom	21	
22	of the page on 19 it has a section called	21	A. I applied the Bradford Hill
23	"Strength"?	23	criteria when I looked at the totality of
	A. Yes, I see that.		the data.
24	Q. That's one of the Bradford	24	Q. And those are the you
	Page 95		Page 97
1	Hill criteria, correct?	1	applied those same factors from Bradford
2	A. Mm-hmm.	2	Hill that I just described, you looked
3	Q. And if you look on the next	3	at you looked at you looked at
4	page?	4	strength, consistency, specificity,
5	A. Wait. I'm sorry. I don't	5	temporality, biologic gradient, biologic
6	know if this is actually referring to the	6	plausibility, and coherence. You looked
7	Bradford Hill criteria. It just says	7	at all of those things, correct?
8	"Strength."	8	A. When I evaluate the totality
9	Q. Well, if you look at the	9	of the data, I did look at all the
10	sentence above, it says Hill criteria,	10	criteria of the Bradford Hill
11	1965, the paragraph directly above?	11	Q. Okay. Now
	A. Okay.	12	A framework.
12			4.4. 44.44.4.4.4.4.4.4.4.4.4.4.4.4.4.4.
12 13			
13	Q. Okay. So if you look at the	13	Q. If you go to Page 19 of 21
13 14	Q. Okay. So if you look at the next page, Page 20, it talks	13 14	Q. If you go to Page 19 of 21 of the report?
13 14 15	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing	13 14 15	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report
13 14 15 16	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of	13 14 15 16	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis?
13 14 15 16 17	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that	13 14 15 16 17	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft
13 14 15 16 17 18	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that MR. TISI: Yes, correct.	13 14 15 16 17 18	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft MS. MILLER: Draft screening
13 14 15 16 17 18 19	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that MR. TISI: Yes, correct. BY MR. TISI:	13 14 15 16 17 18 19	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft MS. MILLER: Draft screening assessment?
13 14 15 16 17 18 19 20	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that MR. TISI: Yes, correct. BY MR. TISI: Q. Okay. Next next page it	13 14 15 16 17 18 19 20	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft MS. MILLER: Draft screening assessment? MR. TISI: Of Exhibit Number
13 14 15 16 17 18 19 20 21	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that MR. TISI: Yes, correct. BY MR. TISI: Q. Okay. Next next page it has consistency. That's also a Bradford	13 14 15 16 17 18 19 20 21	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft MS. MILLER: Draft screening assessment? MR. TISI: Of Exhibit Number 4.
13 14 15 16 17 18 19 20 21	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that MR. TISI: Yes, correct. BY MR. TISI: Q. Okay. Next next page it has consistency. That's also a Bradford Hill criteria?	13 14 15 16 17 18 19 20 21 22	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft MS. MILLER: Draft screening assessment? MR. TISI: Of Exhibit Number 4. BY MR. TISI:
13 14 15 16 17 18 19 20 21 22 23	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that MR. TISI: Yes, correct. BY MR. TISI: Q. Okay. Next next page it has consistency. That's also a Bradford Hill criteria? A. I see where it says	13 14 15 16 17 18 19 20 21 22 23	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft MS. MILLER: Draft screening assessment? MR. TISI: Of Exhibit Number 4. BY MR. TISI: Q. On Page 28 at the very
13 14 15 16 17 18 19 20 21 22	Q. Okay. So if you look at the next page, Page 20, it talks MS. MILLER: You're positing that strength means strength of association? Is that MR. TISI: Yes, correct. BY MR. TISI: Q. Okay. Next next page it has consistency. That's also a Bradford Hill criteria?	13 14 15 16 17 18 19 20 21 22	Q. If you go to Page 19 of 21 of the report? MS. MILLER: Of her report or of the draft analysis? MR. TISI: Of the draft MS. MILLER: Draft screening assessment? MR. TISI: Of Exhibit Number 4. BY MR. TISI:

25 (Pages 94 to 97)

	Page 98		Page 100
1	_	1	
1	A. So we're not on 21?	1	dishonest, let's go back. They say it
2	MS. MILLER: You said 19 to	2	again, exactly after on Page 21, after
3	21.	3	the discussion of coherence. They say
4	MR. TISI: I'm actually	4	the most do you see where it says,
5	moving through. 28 at the very	5	"The most recent meta-analyses detailed
6	top.	6	above (Taher, 2018) and consistent with
7	BY MR. TISI:	7	the Hill criteria, suggest a small but
8	Q. You would agree with me that	8	consistent statistically significant
9	after discussing the Bradford Hill	9	positive association between ovarian
10	criteria or Bradford Hill analysis that	10	cancer and perineal exposure to talc.
11	we just talked about before, they say the	11	Further available data are indicative of
12	following: "The meta-analyses of the	12	a causal effect."
13	available human studies in the	13	Do you see that?
14	peer-reviewed literature indicate a	14	A. I see the words on that
15	consistent and statistically significant	15	page. But I'd like to point out that
16	positive association between perineal	16	Q. No. There's no question
17	exposure to talc and ovarian cancer.	17	pending.
18	Further available data are indicative of	18	MS. MILLER: Excuse me. I
19	a causal effect."	19	think she should be allowed to
20	Do you see that?	20	finish her statement.
21	MS. MILLER: Objection. You	21	MR. TISI: I'd like to point
22	said after the Bradford Hill?	22	out. No. I asked her if those
23	I'm confused.	23	were the words did I read that
24	THE WITNESS: It's on 28.	24	correctly. There's nothing more
			, , , , , , , , , , , , , , , , , , ,
	Page 99		Page 101
1	MR. TISI: You don't need to	1	to say, Counsel.
2	be.	2	MS. MILLER: I think we're
3	Yes.	3	ready for a break. I asked for a
4	BY MR. TISI:	4	break five minutes ago.
5	 Q. So after having looked at 	5	MR. TISI: I am just I'm
6	the Bradford Hill criteria, or Bradford	6	just going to mark an exhibit, and
7	Hill aspects, they say the following:	7	then we'll move on.
8	"The meta-analyses of available human	8	I'm going to attach the
9	studies in the peer-reviewed literature	9	MS. MILLER: Why don't we
10	indicate a consistent and statistically	10	just mark it after the break?
11	significant positive association between	11	MR. TISI: No, I'm going to
12	perineal exposure to talc and ovarian	12	mark it right now.
13	cancer. Further available data are	13	THE WITNESS: I would really
14	indicative of a casal effect."	14	like a break soon.
15	Do you see that?	15	MR. TISI: We're going to
16	MS. MILLER: Objection.	16	take it as soon as I mark it.
17	That's a dishonest question.	17	I'm going to mark the Health
18	BY MR. TISI:	18	Canada conclusion that I read into
19	Q. You can	19	the record on Page 28, and I'm
20	A. That's what's written on the	20	going to mark that as Exhibit 5.
21	page there. They do say that.	21	MS. MILLER: I'm going to
22	Q. Okay. And they say it	22	object to that.
23	again. Actually, if you go back. Since	23	THE WITNESS: The Health
	again. Actually, if you go back. Direct		TILL WITHLOOD, THE HEALTH
24	counsel was saying that I was being	24	Canada draft conclusion.

26 (Pages 98 to 101)

	Page 102		Page 104
1	BY MR. TISI:	1	exhibit. Here you go.
2	Q. Yes.	2	(Document marked for
3	A. And I don't see draft there.	3	identification as Exhibit
4	Q. Okay. We can it says	4	Ballman-5.)
5	MS. MILLER: Also, where	5	THE VIDEOGRAPHER: Off the
6	does it say "conclusion" in the	6	record? Remove your microphone
7	document?	7	please. The time is 10:10 a.m.
8	BY MR. TISI:	8	(Short break.)
9	Q it actually says it	9	THE VIDEOGRAPHER: We are
10	says draft screening assessment.	10	back on the record. The time is
11	MS. MILLER: Actually,	11	10:25 a.m.
12	conclusion would be this	12	BY MR. TISI:
13	(indicating). The conclusion is	13	Q. Doctor, going back to
14	what's on Page 29. So I object	14	Exhibit Number 5, the Health Canada
15	MR. TISI: That's not you	15	statement. We'll call it a statement.
16	could you could say what you	16	The they use the word
17	MS. MILLER: I object to	17	consistent.
18	this	18	Do you see that?
19	MR. TISI: You can object.	19	A. So when I read this
20	Object.	20	statement and it's also referring to
21	MS. MILLER: Okay. Let me	21	meta-analyses. And so it appears that
22	finish.	22	it's not just one meta-analysis. So
23	MR. TISI: Object. Fine.	23	so they are saying that the meta-analyses
24	MS. MILLER: You are not	24	are consistent.
	Wish While list.		
	Page 103		Page 105
1	letting me finish my sentence,	1	Q. Okay. And the meta-analyses
2	sir.	2	are made up of all of the of all of
3	MR. TISI: I don't need	3	the observational studies, correct?
4	object is fine.	4	A. But the meta-analyses are
5	MS. MILLER: No, it's not	5	all analyzing essentially the same data.
6	fine.	6	They are reworking the same data. So it
7	I object to this exhibit,	7	would be strange if they would come up
8	because the Health Canada	8	with quite different results.
9	conclusion is actually on Page 29	9	Q. So and they are all
10	where it says conclusion	10	consistent, correct?
11	MR. TISI: That's the	11	A. But as I said, they are
12	regulatory that's the	12	they are analyzing exact same data in
13	regulatory conclusion.	13	essentially the same way. And so it
14	MS. MILLER: This is not a	14	would be very strange if they didn't come
15	conclusion.	15	up with similar numbers.
16	MR. TISI: Okay.	16	Q. But you you think there
17	MS. MILLER: So that's a	17	is no consistency, correct, your opinion
18	false statement there. Health	18	is there is no consistency in the
19	Canada conclusion.	19	observational studies, correct, or is
20	MR. TISI: That's fine. You	20	there consistency?
	can	21	MS. MILLER: Objection.
21	can		
21 22		22	THE WITNESS: When I applied
	MS. MILLER: Okay. I think we're ready for a break?	22 23	THE WITNESS: When I applied the Bradford Hill, I state that I
22	MS. MILLER: Okay. I think		

27 (Pages 102 to 105)

	Page 106		Page 108
1			
1	was not met.	1	MS. MILLER: Objection.
2	BY MR. TISI:	2	THE WITNESS: So I'm not
3	Q. Okay. And they say that	3	sure what available data they are
4	there was consistency shown when they	4	referring to, and being indicative
5	looked at the meta-analyses, correct?	5	of a causal effect, this is is
6	A. Well, they are saying	6	taken out of context. I would
7	meta-analyses are consistent. But as I	7	have to go back and and read
8	said, they keep meta-analyses, these	8	through the entire document. I
9	meta-analyses are essentially all	9	mean, I don't know what basis. I
10	analyzing the same data. So reworking	10	don't know what data that that's
11	the same data is like doing a	11	like being based upon.
12	replication. So one would expect that	12	BY MR. TISI:
13	the numbers are similar.	13	Q. Well, we went through that,
14	Q. Well, the meta-analyses,	14	Doctor. We went through and that's why I
15	depending upon their time frame, did not	15	took the time and showed you all the
16	all use the same studies, did they?	16	studies that they looked at. And I I
17	A. They the earlier ones	17	showed you the Bradford Hill aspects that
18	used a subset of the studies used in the	18	they analyzed and they went through all
19	later ones, because there were additional	19	of that.
20	studies done since when the earlier ones	20	And based upon what they
21	were done.	21	looked at, okay, they concluded that the
22	Q. So they so they were not	22	totality of the evidence was indicative
23	all the same, correct?	23	of a causal effect, correct?
24	A. Essentially though, I mean	24	MS. MILLER: Objection.
	Page 107		Page 109
1	in in statistics and in epidemiology,	1	Page 109 THE WITNESS: I think you
2		1 2	
	in in statistics and in epidemiology,		THE WITNESS: I think you
2 3 4	in in statistics and in epidemiology, you know, reworking data that are not	2	THE WITNESS: I think you just that's a slightly
2	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we	2 3	THE WITNESS: I think you just that's a slightly different question.
2 3 4	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and	2 3 4	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI:
2 3 4 5	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation.	2 3 4 5	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all
2 3 4 5 6	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further	2 3 4 5 6	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay.
2 3 4 5 6 7	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal	2 3 4 5 6 7	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms
2 3 4 5 6 7 8	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect."	2 3 4 5 6 7 8	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I
2 3 4 5 6 7 8 9	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that?	2 3 4 5 6 7 8	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a
2 3 4 5 6 7 8 9	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated	2 3 4 5 6 7 8 9	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a
2 3 4 5 6 7 8 9 10	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is	2 3 4 5 6 7 8 9 10	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact
2 3 4 5 6 7 8 9 10 11	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement.	2 3 4 5 6 7 8 9 10 11	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at.
2 3 4 5 6 7 8 9 10 11 12	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that	2 3 4 5 6 7 8 9 10 11 12 13	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do
2 3 4 5 6 7 8 9 10 11 12 13	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct?	2 3 4 5 6 7 8 9 10 11 12 13 14	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your
2 3 4 5 6 7 8 9 10 11 12 13 14	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree	2 3 4 5 6 7 8 9 10 11 12 13 14 15	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your deposition today, didn't weren't you
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree or disagree with it.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree or disagree with it. Q. So	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your deposition today, didn't weren't you interested to see how they reached this conclusion which was different than
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree or disagree with it. Q. So A. I mean I I that's what	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your deposition today, didn't weren't you interested to see how they reached this conclusion which was different than yours?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree or disagree with it. Q. So A. I mean I I that's what they wrote. I do agree with that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your deposition today, didn't weren't you interested to see how they reached this conclusion which was different than yours? A. I you know, I glanced and
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree or disagree with it. Q. So A. I mean I I that's what they wrote. I do agree with that. Q. Okay. Do you agree that the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your deposition today, didn't weren't you interested to see how they reached this conclusion which was different than yours? A. I you know, I glanced and I read through the document as you noted.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree or disagree with it. Q. So A. I mean I I that's what they wrote. I do agree with that. Q. Okay. Do you agree that the available data is indicative of a causal	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your deposition today, didn't weren't you interested to see how they reached this conclusion which was different than yours? A. I you know, I glanced and I read through the document as you noted. I did not cite it in my report.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	in in statistics and in epidemiology, you know, reworking data that are not completely independent of each other, we would expect similar results and correlation. Q. And they say, "Further available data are indicative of a causal effect." Do you see that? A. I I see what's stated there. I I have no idea what that is based upon. That I do see that statement. Q. And you disagree with that, correct? A. I I don't know if I agree or disagree with it. Q. So A. I mean I I that's what they wrote. I do agree with that. Q. Okay. Do you agree that the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	THE WITNESS: I think you just that's a slightly different question. BY MR. TISI: Q. Okay. A. But we didn't look at all the studies that they looked at in terms of, we just went through and and I quickly glanced and saw that they had a category that said strength, they had a category that said I didn't look through carefully to see what exact studies they looked at. Q. Did you didn't you do that when you were preparing for your deposition today, didn't weren't you interested to see how they reached this conclusion which was different than yours? A. I you know, I glanced and I read through the document as you noted.

	Page 110		Page 112
1	it could change. And I didn't want	1	know what I mean.
2	all my report is essentially based upon	2	THE WITNESS: I billed for
3	published literature. I didn't want to	3	\$56,000.
4	incorporate a draft of something that	4	BY MR. TISI:
5		1	
	might change, and we don't know which way	5	Q. And and that will
6	they may change due to all the comments	6	A. And I anticipate I will be
7	they get. The I believe it's out for	7	paid.
8	comment right now, so	8	Q. Right. And and you have
9	Q. Well, that was that's	9	incurred additional time from the time of
10	going to be my question too.	10	your last billing until today, correct?
11	First of all, Health Canada	11	A. Yes, I have.
12	is not involved in this litigation to	12	Q. Okay. About how much time?
13	your knowledge, is it?	13	A. Probably on the order, 20,
14	A. I have no idea one way or	14	30 hours.
15	the other.	15	Q. Okay. And so would it be
16	Q. But you are, you are a paid	16	fair to say that as of today, you will
17	witness, correct?	17	
18		1	ultimately bill anywhere between 75 and
	A. I'm	18	\$100,000?
19	MS. MILLER: Objection.	19	A. If the math works out.
20	BY MR. TISI:	20	Q. Okay. And so you are a paid
21	Q. You're a paid you've been	21	expert in this case, true?
22	paid for your the work you did on your	22	MS. MILLER: Objection.
23	report, correct?	23	THE WITNESS: I am being
24	A. I am an expert witness for	24	paid for my expert opinion.
	Page 111		Page 113
1		1	Page 113 BY MR. TISI:
	Johnson & Johnson. I really haven't been	1	BY MR. TISI:
2	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for	2	BY MR. TISI: Q. Okay. Now, would you agree
2	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry.	2 3	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You
2 3 4	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry. Q. Okay. You are going to	2 3 4	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You would not write this you do not agree
2 3 4 5	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry. Q. Okay. You are going to well, I am sure I am sure Susan is	2 3 4 5	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You would not write this you do not agree based upon your analysis of the evidence,
2 3 4 5 6	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry. Q. Okay. You are going to well, I am sure I am sure Susan is good for her good for her word on	2 3 4 5 6	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You would not write this you do not agree based upon your analysis of the evidence, with the statement in Exhibit Number 5
2 3 4 5 6 7	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry. Q. Okay. You are going to well, I am sure I am sure Susan is good for her good for her word on that. I'm sure she will pay you	2 3 4 5 6 7	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You would not write this you do not agree based upon your analysis of the evidence, with the statement in Exhibit Number 5 from Health Canada. You would disagree
2 3 4 5 6 7 8	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry. Q. Okay. You are going to well, I am sure I am sure Susan is good for her good for her word on that. I'm sure she will pay you imminently.	2 3 4 5 6 7 8	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You would not write this you do not agree based upon your analysis of the evidence, with the statement in Exhibit Number 5 from Health Canada. You would disagree with that, true?
2 3 4 5 6 7 8 9	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry. Q. Okay. You are going to well, I am sure I am sure Susan is good for her good for her word on that. I'm sure she will pay you imminently. A. Yes.	2 3 4 5 6 7 8 9	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You would not write this you do not agree based upon your analysis of the evidence, with the statement in Exhibit Number 5 from Health Canada. You would disagree with that, true? MS. MILLER: Objection.
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2 3 4 5 6 7 8 9 10	Johnson & Johnson. I really haven't been paid yet. I'm still waiting for sorry. Q. Okay. You are going to well, I am sure I am sure Susan is good for her good for her word on that. I'm sure she will pay you imminently. A. Yes. Q. But but you have been paid anywhere between, up and through, I	2 3 4 5 6 7 8 9 10	BY MR. TISI: Q. Okay. Now, would you agree with me let me put it this way. You would not write this you do not agree based upon your analysis of the evidence, with the statement in Exhibit Number 5 from Health Canada. You would disagree with that, true? MS. MILLER: Objection. Asked and answered twice. MR. LOCKE: And I just want
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29 (Pages 110 to 113)

	Page 114		Page 116
1	That being the case, you	1	looked at are indicative of a causal
2	would not write the statement that Health	2	effect?
3	Canada did because you do not believe	3	A. So it is my professional
4	that the data as a whole that you looked	4	opinion that there's no evidence of a
5	at was indicative of a causal effect?	5	causal relationship between perineal or
6	MS. MILLER: Objection.	6	genital talcum powder exposure and
7	THE WITNESS: Again, you	7	ovarian cancer.
8	know, this is taken out of their	8	Q. So you do not think there's
9	report at some section, and as we	9	a causal effect?
10	discussed I believe it's not even	10	A. That is my opinion.
11	in their conclusions. And I I	11	Q. Okay. So and Health
12	don't know I mean, I wrote in	12	Canada, at least as of today, has a
13	my expert report what I wrote. So	13	contrary view, true, subject to your view
14	I don't have a statement in my	14	that they may change? But as of today,
15	expert report that says this.	15	they have a different view based upon
16	BY MR. TISI:	16	their analysis of the Bradford Hill
17	Q. And you would disagree with	17	criteria, true?
18	that those statements, correct?	18	MR. LOCKE: Objection.
19	A. I just	19	MS. MILLER: Objection.
20	MS. MILLER: Objection.	20	THE WITNESS: Yeah, I
21	THE WITNESS: I just looked	21	I I would have to again read
22	at the data as a whole and did my	22	through this carefully.
23	analyses and came up with the	23	BY MR. TISI:
24	conclusion that I came up with.	24	Q. Okay.
	•		·
	Page 115		Page 117
1	Again, this is a draft. I	1	A. I would agree that they did
2	mean, I yeah.	2	not write a sentence exactly the way I
3	BY MR. TISI:	3	wrote a sentence there.
4	Q. So your conclusion	4	You know, again, I'd have to
5	A. I don't agree or disagree.	5	read through this carefully to make sure
6	I'm just saying that	6	that this this this excerpt here
7	Q. So you don't disagree with	7	reflects the entirety of their analyses
8	this?	8	and their opinions.
9	A. I said I don't agree or	9	Q. Well, it's not unusual,
10	disagree. And I'm saying that when I	10	Doctor, for experts in epidemiology to
11	look at the science and I did my	11	disagree on issues of causation when they
12	analyses, I have put forward my	12	do their analysis, true?
13	conclusion.	13	A. It depends.
14	I obviously you know,	14	Q. Okay. Well, in many you
15	even if I believed what they did, I would	15	know, there are experts in fact, you
16	probably not have the exact same words.	16	mention it in your report that some
17	That would be plagiarism.	17	experts believe that ovarian cancer
18	Q. But you would just okay.	18	some people believe that ovarian cancer
19	Let me ask you this statement. Let me	19	can be caused by talcum powder; other
20	ask you the question directly.	20	people don't. That's not unusual; is
21	Do you believe that the data	21	that true?
22	are indicative of a causal effect,	22	A. So when I did my analyses
23	irrespective of this statement? Do you	23	and looked at the data, I don't think
24	believe that the data as a whole that you	24	there's any scientific basis for any
i	·		•

30 (Pages 114 to 117)

	Page 118		Page 120
1	other opinion that there is no evidence,	1	and filibuster
2	credible evidence, of a causal	2	MS. MILLER: She's not
3	relationship between	3	filibustering. You're trying to
4	Q. That is not my question.	4	put words in her mouth. She is
5	You know, honestly, at some point I	5	trying to answer as an
6	really am going to have to call the	6	epidemiologist from her scientific
7	judge.	7	experience, and you're trying to
8	My question to you is, it is	8	put words in her mouth for sound
9	not unusual for experts in epidemiology	9	bytes you want. And you're
10	to look at the same data and come to	10	frustrated because she's trying to
11	different conclusions, true?	11	give you honest, complete answers
12	MS. MILLER: Please let her	12	as an epidemiologist.
13	finish her answer without	13	MR. TISI: Oh, that's so
14	MR. TISI: Well, I'm not	14	good of you. I'm so I'm so
15	I'm not going to sit	15	glad that you said that.
16	MS. MILLER: She was in the	16	BY MR. TISI:
17	middle of a sentence.	17	Q. So, Doctor, in epidemiology,
18	MR. TISI: I'm not I am	18	cancer, cancer with cigarettes, for a
19	not going to sit here and listen	19	long time there was a debate in the
20	to her filibuster. I'm not going	20	scientific community about whether
21	to do it.	21	cigarettes cause cancer, true?
22	MS. MILLER: She's not	22	A. I haven't looked at that
23	filibustering. She's answering	23	literature in depth. I mean, possibly.
24	the question. You're trying to	24	I mean, I'd have to
21	the question. Toute trying to		Tilkali, Tullave to
	Page 119		Page 121
1	put words in her mouth.	1	Q. Okay. It's not unusual in
2	MR. TISI: I am not I'm	2	the field of epidemiology for experts in
3	allowed	3	epidemiology to look at data and reach
4	MS. MILLER: You're trying	4	different conclusions in their
5	to put words can you let me	5	professional judgment, true?
6	finish my sentence?	6	MS. MILLER: Objection.
7	MR. TISI: No, actually	7	THE WITNESS: So again, I
8	yours	8	all I can say is I looked at the
9	MS. MILLER: You're not	9	data in its totality. I did the
10	going to let me finish my	10	analyses and wrote the report with
11	sentence?	11	all sort of my methodology and how
12	MR. TISI: You're limited to	12	I arrived at the opinions. And I
13	"objection." That's what you're	13	do not believe there's scientific
14	limited to in this deposition.	14	credible evidence that there is a
15	MS. MILLER: I think that if	15	causal relationship between
16	you're not allowing	16	talcum perineal talcum powder
17	MS. SHARKO: I don't think	17	exposure and ovarian cancer. To
18	that's true.	18	me, that's the
		19	BY MR. TISI:
	MS MILLER: the witness		- 1 1111 1 11VI
19	MS. MILLER: the witness to finish her sentences. I am		
19 20	to finish her sentences. I am	20	Q. So, all right.
19 20 21	to finish her sentences. I am allowed to speak. And if you want	20 21	Q. So, all right. That wasn't my question.
19 20 21 22	to finish her sentences. I am allowed to speak. And if you want to call the judge, I am happy to.	20 21 22	Q. So, all right.That wasn't my question.And my question was a general question.
19 20 21	to finish her sentences. I am allowed to speak. And if you want	20 21	Q. So, all right. That wasn't my question.

the equation now. So you don't have to answer me the question about what you did in talc. Okay. Is it not a true statement that in general, epidemiologists when looking at a causation question, can look at the same data and reach different conclusions? Does that not happen? MS. MILLER: Objection. THE WTINESS: I think it has to depend upon what the question is of interest and what level of data are available. I mean, I cannot answer that question without knowing more specifics. My. MR. TISI: Q. Have you responded — you said there's a comment period. The comment period was from December 6th through February 6th. Did you respond to get strongly about your opinions, correct? Page 123 A. I don't know if I feel strongly or not. I would say that I — I believe my opinions are based upon the science. Q. Would you agree with me that was when the feel to answer for us loday, is an interest cause ovarian cancer. A lebelieve my opinions are based upon the science. Page 123 A. I don't know if I feel strongly or not. I would agree with me that the mortality involved in the that ovarian cancer is a serious disease. Page 123 A. I don't know would agree with me that the mortality involved in the that the mortality involved in the that ovarian cancer is a serious disease. Q. Okay. And you would agree with me that the mortality involved in the that the mortality involved in the that the mortality involved in the that ovarian cancer is a serious disease. Q. Okay. And you would agree a feel and the published literature. You would agree with me that the mortality involved in the that ovarian cancer is a serious disease. Q. Okay. And you would agree a feel and the meaning of the science on ovarian cancer and tale. The or not true? MS. MILLER: Which? BY MR. TISI: Q. You understand that various agencies have looked at this question, that there has been a debate in the cannot advert the meaning of the science on ovarian cancer and tale. The or not true? MS. MILLER: Which? BY MR. TISI: Q. You understand that various				
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4 Is if not a true statement 5 that in general, epidemiologists when 6 looking at a causation question, can look 7 at the same data and reach different 8 conclusions? Does that not happen? 9 MS. MILLER: Objection. 10 THE WITNESS: I think it has 11 to depend upon what the question 12 is of interest and what level of 13 data are available. I mean, I 14 cannot answer that question 15 without knowing more specifics. 16 BY MR. TISI: 17 Q. Have you responded — you 18 said there's a comment period. The 19 comment period was from December 6th 10 through February 6th. 20 comment — do you feel — I gather you 21 geel strongly about your opinions, 22 correct? 23 feel strongly about your opinions, 24 correct? 25 Q. Well, you would agree with 26 me that ovarian cancer is a serious 27 disease? 28 A. I kills women. It's a 29 serious disease. 20 Q. Okay. And you would agree 21 with me that the mortality involved in 22 ovarian cancer is very, very high? 23 A. I - I know that there are 24 different subtypes of ovarian cancer and 25 I — the high grade serous has — has — 26 is not a very good prognosis. I agree a 27 lot of people die from it. 28 Q. And would you agree that 29 whether or not, irrespective of your view 20 of the evidence, whether or not talcum 20 order products can cause ovarian cancer, correct? 21 Lovel Page 123 22 could be an important public health issue? 23 dispersion important public health issue? 24 correct and what level of 25 cond there is a dispersion ovarian cancer. 26 cond there's a death are to approach the problem ovarian cancer. 27 more than the dispersion ovarian cancer. 28 more than the event of the true to depend upon the science. 39 serious disease. 40 Q. Okay. And you would agree with me on that the mortality into the dispersion of whether or not into the dispersion of whether or not into the medical and scientific community of to not talcum powder products can cause ovarian cancer. 30 Eleve why opinions are based upon the science. 31 D. Comment period was from December 6th through February 6th. 32	3		3	
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A. What could you ask that 24 done something with respect to	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. It kills women. It's a serious disease. Q. Okay. And you would agree with me that the mortality involved in ovarian cancer is very, very high? A. I I know that there are different subtypes of ovarian cancer and I the high grade serous has has is not a very good prognosis. I agree a lot of people die from it. Q. And would you agree that whether or not, irrespective of your view of the evidence, whether or not talcum powder products can cause ovarian cancer, would be an important public health issue?	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	I asked. You MS. MILLER: Which? BY MR. TISI: Q. You understand that various agencies have looked at this question, that there has been a debate in the medical and scientific community as to the meaning of the science on ovarian cancer and talc, true or not true? MS. MILLER: Objection. THE WITNESS: There is different parts in there. What I I would say is IARC looked at the question. I'm not sure how deeply the FDA has looked at it. And I know that there's a draft Health Canada document at this point. So those agencies have

32 (Pages 122 to 125)

	Page 126		Page 129
1	Page 126	1	Page 128
1	this.	1	Representatives held hearings on talc and
2	BY MR. TISI:	2	causation. Do you know that?
3	Q. And you agree that the	3	A. I did not know that.
4	the questions that they are wrestling	4	Q. Do you know that one of the
5	with is an important one?	5	epidemiologists, Dr. McTiernan, you know
6	MS. MILLER: Objection.	6	her?
7	THE WITNESS: Important in	7	A. I know the name.
8	what sense?	8	Q. Okay. You know she appeared
9	BY MR. TISI:	9	at that hearing. Do you know anything
10	Q. Important public health	10	about that?
11	question. They are addressing an	11	A. Again, I I wasn't aware
12	important public health question.	12	of the hearing so I do not know. I so
13	A. If if there were evidence	13	I wouldn't know that she appeared.
14	that there was a causal relationship	14	Q. Did J&J ask you, say, you
15	between perineal and genital talcum	15	know, Dr. Ballman, you're an expert in
16	exposure and ovarian cancer, if there was	16	the field of analyzing causation from an
17	evidence that that is the case, then it	17	epidemiology standpoint, would you
18	would translate into a public probably	18	represent us before the House of
19	a considerable public health.	19	Representatives on this important
20	Q. Okay. And you feel strongly	20	question?
21	about your opinion that there is no such	21	MS. MILLER: Objection.
22	evidence, true?	22	THE WITNESS: I was not
23	A. Again, my I don't I	23	contacted by J&J to appear in a
24	don't know how to use that word strongly.	24	congressional.
	Page 127		Page 129
1	I believe that my evidence	1	BY MR. TISI:
2	is my statement is based upon my	2	 Q. Have you presented your
3	scientific analyses of the data in	3	opinions on the subject to your medical
4	total	4	and scientific colleagues at Weill
5	Q. Have you shared	5	Cornell?
6	A and is supported.	6	MS. MILLER: Objection.
7	Q. I apologize.	7	THE WITNESS: I have not
8	Were you did you share	8	discussed this with my colleagues
9	that your opinions with Health Canada?	9	at Weill Cornell.
10	A. I did not.	10	BY MR. TISI:
11	Q. Okay. Did you have you	11	Q. I mean, there are you
12	tried to contact the FDA?	12	have an oncology division, and a
13	A. I have not done that.	13	gynecology division at Weill Cornell I
14	Q. Have you contacted the	14	assume?
15	National Cancer Institute to tell them	15	A. I'm not sure what their
16	there's no problem?	16	terms are. But there is a group that
17	MS. MILLER: Objection.	17	works on gynecology gynecology
18	THE WITNESS: I I	18	issues gynecology, and there is a
19	wouldn't know who to contact. I	19	hem/onc. And I don't know if they are
20	don't even know if there's such a	20	divisions or departments, that sort of
21	mechanism to do so.	21	thing.
24	week the United States House of	24	know, I have done this causation
22 23 24	BY MR. TISI: Q. Okay. Well, you know last week the United States House of	22 23 24	Q. Have you reached out to the and said to to any of them, gee, you know, I have done this causation

	Page 130		Page 132
1	analysis, and, you know, you really could	1	that that that that that
2	tell women they can use talcum powder	2	issue has been raised, that
3	products everyday for the next 40 years	3	that I don't know who is saying
4	and it be not be a problem in terms of	4	that there may be asbestos in
5	increasing their risk for ovarian cancer.	5	talcum powder.
6	MS. MILLER: Objection.	6	BY MR. TISI:
7	BY MR. TISI:	7	Q. So you have not reviewed
8	Q. Have you done that?	8	evidence in this case that asbestos may
9	MS. MILLER: Objection.	9	or may not be in the talcum powder
10	THE WITNESS: I I have	10	products that Johnson & Johnson sold?
11	not contacted any I have not	11	MS. MILLER: Objection.
12	discussed this with with any	12	THE WITNESS: So I believe
13	one of my colleagues.	13	my opinion my not believe.
14	BY MR. TISI:	14	But my opinion is based upon
15	Q. If if one of your	15	talcum powder, whatever it's
16	colleagues at Weill Cornell, your	16	composed of. So I don't know
17	oncology colleagues, came up to you and	17	what's in it. But talcum powder,
18	said look, I heard you were involved in	18	whatever it's composed of, I don't
19	the looking at talcum powder products	19	find any evidence or credible
20	and ovarian cancer for the in the	20	evidence that there's a causal
21	litigation involving Johnson & Johnson,	21	relationship.
22	you've done your analysis, do you think	22	BY MR. TISI:
23	it's okay if I tell my patients that they	23	Q. Well, if there was asbestos
24	can dust everyday for the next 30 years	24	in talcum powder products, would you, if
<u> </u>	can dust everyday for the next 30 years	2-1	in ancum powder products, would you, if
	Page 131		Page 133
1	and it won't increase the risk?	1	that same oncologist at Weill Cornell
2	MS. MILLER: Objection.	2	came up to you and said Dr
3	THE WITNESS: I I would	3	Dr. Ballman, I know that you are involved
4	say it's my professional opinion	4	in litigation. You've looked at the
5	that there's no evidence of a	5	causation question. If there is asbestos
6	causal relationship between	6	in the talcum powder that my patients
7	perineum-talcum powder exposure	7	use, is that okay for her to dust every
8	and ovarian cancer.	8	day? What would you tell them?
9	I'm not a gynecologist. So	9	MS. MILLER: Objection.
10	I would not presume to tell a	10	THE WITNESS: I would say
11	gynecologist what they should tell	11	the same thing I answered to the
12	their patients with with	12	talcum powder question, because I
13	respect to anything.	13	analyze whether or not there's
14	BY MR. TISI:	14	evidence of a causal relationship
15	Q. Now, you do understand that	15	between talcum powder whatever
16	in this case there is an allegation that,	16	is in it I have no idea what's
17	among other things, that talcum powder	17	in it causes ovarian cancer.
18	products used by manufactured and sold	18	And so I would say that
19	by J&J contained asbestos. Have you seen	19	that's my opinion. And again I
20	that?	20	would not presume to tell a
21	MS. MILLER: Objection.	21	gynecologist what they should tell
22	THE WITNESS: I think I saw	22	their patients one way or another,
23	somewhere in the media, it might	23	because I am not an M.D.
24	have been a tweet or something,	24	BY MR. TISI:

	Page 134		Page 136
1	Q. Well, one of the one of	1	me let me ask you this way. Let me
2	the aspects of Bradford Hill and we're	2	give you a hypothetical. Let me withdraw
3	going to talk about this is the issue	3	the question.
4	of biologic plausibility, correct?	4	Okay. If we had a bottle,
5	A. That is one of the criteria	5	and the bottle was full of asbestos and
6	within the Bradford Hill framework.	6	nothing else. Would you tell would
7	Q. If I'm going to ask you	7	you tell a woman that she could use it to
8	to assume for the purposes of my question	8	dust her perineal her perineum?
9	that talcum powder products you would	9	MS. MILLER: Objection. I
10	agree with me that asbestos is a	10	think she said
11	carcinogen, correct?	11	MR. TISI: I don't I
12	MS. MILLER: Objection.	12	don't care what you think she
13	THE WITNESS: I have not	13	said. Objection.
14	looked into the talcum powder data	14	MS. MILLER: You've asked
15	and literature. So I only know	15	this question 100 times.
16	that there seems to be a strong	16	MR. TISI: I'm asking I'm
17	association that increases the	17	asking
18	risk of mesothelioma, so a risk	18	MS. MILLER: She said she
19	factor for sure, between asbestos	19	doesn't give advice.
20	exposure and mesothelioma.	20	MR. TISI: She's not. I'm
21	BY MR. TISI:	21	asking I'm asking you a
22	Q. And looking at the issue of	22	hypothetical.
23	whether or not there's a biologically	23	BY MR. TISI:
24	plausible explanation for the	24	Q. If if I had a bottle of
21	plausible explanation for the		Q. If If I flad a bottle of
	Page 135		Page 137
1	increased an association, would the	1	pure asbestos, would that be a
2	presence of a carcinogen be important to	2	biologically let me let me give you
3	look at?	3	a different hypothetical.
4	A C 1 - 1-1 4 1-1 - 1 - 1 - 1		a unicicit hypothetical.
	A. So looking at biological	4	
5	8	4 5	MS. MILLER: Are you
	plausibility, what would be important is	5	MS. MILLER: Are you striking the question?
5	plausibility, what would be important is that in the biological experiments that		MS. MILLER: Are you striking the question? MR. TISI: Yes, I am,
5 6	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder,	5 6 7	MS. MILLER: Are you striking the question?
5 6 7	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women	5 6 7 8	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI:
5 6 7 8	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads	5 6 7 8 9	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology
5 6 7 8 9 10	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say,	5 6 7 8 9 10	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of
5 6 7 8 9 10 11	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer.	5 6 7 8 9 10 11	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a
5 6 7 8 9 10 11 12	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components	5 6 7 8 9 10 11 12	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that
5 6 7 8 9 10 11 12 13	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components was a known carcinogen, wouldn't that be	5 6 7 8 9 10 11 12 13	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that that would be okay to dust on the
5 6 7 8 9 10 11 12 13 14	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components was a known carcinogen, wouldn't that be a plausible explanation for the	5 6 7 8 9 10 11 12 13 14	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that that would be okay to dust on the perineum?
5 6 7 8 9 10 11 12 13 14 15	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components was a known carcinogen, wouldn't that be a plausible explanation for the association seen in the meta-analyses?	5 6 7 8 9 10 11 12 13 14	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that that would be okay to dust on the perineum? MS. MILLER: Objection.
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5 6 7 8 9 10 11 12 13 14 15 16 17	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components was a known carcinogen, wouldn't that be a plausible explanation for the association seen in the meta-analyses? MS. MILLER: Objection. THE WITNESS: Again, I mean,	5 6 7 8 9 10 11 12 13 14 15 16	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that that would be okay to dust on the perineum? MS. MILLER: Objection. THE WITNESS: So that's difficult. First of all, I would
5 6 7 8 9 10 11 12 13 14 15 16 17 18	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components was a known carcinogen, wouldn't that be a plausible explanation for the association seen in the meta-analyses? MS. MILLER: Objection. THE WITNESS: Again, I mean, the question isn't asbestos. The	5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that that would be okay to dust on the perineum? MS. MILLER: Objection. THE WITNESS: So that's difficult. First of all, I would want to know what the five
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components was a known carcinogen, wouldn't that be a plausible explanation for the association seen in the meta-analyses? MS. MILLER: Objection. THE WITNESS: Again, I mean, the question isn't asbestos. The question is whether talcum powder, however it's composed	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that that would be okay to dust on the perineum? MS. MILLER: Objection. THE WITNESS: So that's difficult. First of all, I would want to know what the five epidemiology studies are, if there are, you know, observational
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	plausibility, what would be important is that in the biological experiments that are done, that they use talcum powder, the same type of talcum powder that women use, to see if that talcum powder leads to transformation in animals, let's say, to ovarian cancer. Q. But if one of the components was a known carcinogen, wouldn't that be a plausible explanation for the association seen in the meta-analyses? MS. MILLER: Objection. THE WITNESS: Again, I mean, the question isn't asbestos. The question is whether talcum powder, however it's composed	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. MILLER: Are you striking the question? MR. TISI: Yes, I am, Counsel. BY MR. TISI: Q. If I had five epidemiology studies all showed an increased risk of ovarian cancer and asbestos, and I had a bottle of asbestos, would you say that that would be okay to dust on the perineum? MS. MILLER: Objection. THE WITNESS: So that's difficult. First of all, I would want to know what the five epidemiology studies are, if there are, you know, observational

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	Kaila Ball	man,	FII.D.
	Page 138		Page 140
1	study on asbestos, so I wouldn't	1	I can't imagine why anyone would dust
2	render an opinion to a woman what	2	with asbestos. So my question my
3	she should or should not use in	3	second question would be, if the bottle
4	general either.	4	was half asbestos and half talc, would
5	BY MR. TISI:	5	you say that that would be okay?
6	Q. Would you tell a family	6	MS. MILLER: Objection.
7	would you tell a family member it's okay	7	THE WITNESS: So my what
8	to dust with asbestos?	8	I was going to try to finish in
9	MS. MILLER: Please stop	9	the last one is, it would be like
10	interrupting her answers, please.	10	if it were something if it were
11	BY MR. TISI:	11	full of cinnamon and someone came
12	Q. Would you tell a family	12	to me and said, can I dust with
13	member that it's okay to dust with	13	cinnamon? I mean, why would you
$\frac{13}{14}$	asbestos?	14	want to dust with cinnamon. I
15		15	
16	A. Yeah, again, this is a	16	I mean, that's a weird question to
17	hypothetical.	17	me. BY MR. TISI:
	Q. Absolutely.	I	
18	A. I mean, you know, I I	18	Q. And so the question why
19	wouldn't say I I wouldn't say one	19	would you want to dust with asbestos,
20	way or the other. I would have to look	20	right?
21	at the literature and see sort of whether	21	A. Well, I you know, I'm not
22	or not that that would be I don't know	22	seeing a purpose for doing it.
23	asbestos. And so that's why I'm having a	23	Q. I'm asking you from a
24	hard time answering this question.	24	safety from a safety perspective.
	Page 139		Page 141
1	Q. Okay. So just the record is	1	Let's assume there was a purpose I'm
2	clear, if I had a bottle of asbestos and	2	going to add to my hypothetical.
3	you were advising a family member and a	3	Let's assume there was a
4	family member came to you and said,	4	purpose to do it, and somebody came up to
5	"Dr. Ballman, do you think it's okay if I	5	you and said, "I think it's I think
6	dust with asbestos," you wouldn't know	6	I'd like to dust with asbestos."
7	what answer to give? You'd say I have to	7	Would you say that that
8	take out the literature and look at it?	8	would be okay?
9	MS. MILLER: Objection.	9	MS. MILLER: Objection.
10	Maybe you don't need to have	10	THE WITNESS: I just can't
11	those facial expression.	11	imagine that situation.
12	THE WITNESS: I mean, that's	12	BY MR. TISI:
13	a real hypothetical, because I	13	Q. Okay.
14	couldn't imagine anyone coming to	14	A. So it's very I can't
15	me and saying can they dust with	15	answer that.
16	asbestos. So that's why I'm	16	Q. I'm asking bear with me
17	having a hard time answering this	17	in the hypothetical. We're allowed to do
18	question. I just don't see any	18	that in a deposition.
19		19	If if if there were a
20	any what would be the purpose	20	
20 21	of dusting with asbestos? What	21	reason and somebody came up to you and
	would be the I just don't	22	asked you for advice. Would you say to
22	BY MR. TISI:	23	them, sure, dust with asbestos?
23 24	Q. Honestly I can't imagine	24	MS. MILLER: Objection.
4 1	either. So let me ask you the question.	4	THE WITNESS: So, what I

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	Page 142		Page 144
1	feel comfortable in saying, and	1	A. Unless new information comes
2	this is what I addressed, is if	2	to light.
3	that cup were full of talcum	3	Q. Okay. Does it fully
4	powder and someone really would	4	describe the methodology that you use to
5	have asked my opinion as to	5	reach your opinions?
6	whether or not they should use it,	6	A. I I don't know what you
7	I would just say it's my	7	mean by fully. But I do explain the
8	professional opinion that, you	8	methodology that I used and and
9	know, whatever is in there, you	9	provide bases for why I come to
10	know, that's no causal	10	conclusions.
11	relationship between dusting on	11	Q. Did you grade the evidence
12	the perineum and ovarian cancer.	12	giving numerical values? Did you say,
13	BY MR. TISI:	13	
$\frac{13}{14}$		14	well, this is a four on a scale of five,
	Q. Okay. And that would	1	this is a two on a scale of five, you
15	include, whatever in there, if there is	15	didn't do that, right?
16	asbestos in there?	16	A. Grade what evidence?
17	A. Well, whatever talcum	17	Q. Any of the evidence you
18	powder, that's the literature I looked	18	used. Did you provide in weighing the
19	at, whatever that talcum powder is	19	evidence, did you grade them?
20	composed of, there is no evidence that	20	MS. MILLER: Objection.
21	it credible evidence that it causes	21	BY MR. TISI:
22	ovarian cancer.	22	Q. Did you provide any
23	 Q. Let me switch topics again. 	23	numerical values?
24	Go to Exhibit Number 1,	24	A. I'm I'm confused by the
	Page 143		Page 145
1	which is the report you were going to	1	question. I mean, when one does
2	you gave.	2	research, it's not common to grade every
3	A. Yes, I'm there.	3	piece of data that's on hand in any
4	Q. Okay. Front page says	4	any way. So I'm not sure. So I I
5	I'm sorry, let me let me just you	5	think I don't understand your question.
6	signed that page, correct?	6	Q. Thank you. I appreciate
7	A. Yes.	7	that.
8	Q. Was every talc-specific	8	Now, we discussed this
9	opinion contained in this report reached	9	before, but you employed what are called
10	after meeting with the J&J lawyers?	10	the Bradford Hill analysis, correct?
11	MS. MILLER: Objection.	11	A. Something along those terms.
12	This has been addressed already	12	
			Q. Okay.
13	before.	13	MR. TISI: And for the
14	BY MR. TISI:	14	record, I want to attach as
15	Q. Yeah, okay.	15	Exhibit Number 6 Dr. Hill's
16	A. This this entire report	16	article.
	and all the research done for this report	17	(Document marked for
17	1 6 * 1	1 70	identification as Exhibit
18	was done after I started working on	18	
18 19	this well, I did it as part of	19	Ballman-6.)
18 19 20	this well, I did it as part of generating this report which happened	19 20	Ballman-6.) BY MR. TISI:
18 19 20 21	this well, I did it as part of	19 20 21	Ballman-6.)
18 19 20	this well, I did it as part of generating this report which happened	19 20	Ballman-6.) BY MR. TISI:
18 19 20 21	this well, I did it as part of generating this report which happened after November 2018.	19 20 21	Ballman-6.) BY MR. TISI: Q. Is this the article, 1965
18 19 20 21 22	this well, I did it as part of generating this report which happened after November 2018. Q. Does the report give all the	19 20 21 22	Ballman-6.) BY MR. TISI: Q. Is this the article, 1965 article that you were referring to in

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2 Is this a is it fair to 2 I'd like to say so	Page 148 stion objection.
2 Is this a is it fair to 2 I'd like to say so	stion objection.
l l	
	iling question
	pon question so
	Objection is
6 analysis? 6 MS. MILLE	
	Objection is
8 provides the framework for how 8 fine, Counsel.	
9 epidemiologists go about in determining 9 MS. MILLE	ER: And I think
whether there is a causal relationship. 10 it it's impossi	ble for her to
Q. And while there are a lot of 11 know which que	estion to answer. I
published articles out there, you would 12 don't think it's fa	
	How about the
piece of this would be, you know, kind 14 last one?	
	she looks at
16 impact on how we look at causation 16 me	
1	IESS: Can you repeat
18 A. Again, I think I I would 18 the last one, ple	
19 say it sort of frames today how how 19 MR. TISI:	
	ER: Can you just
T T	uestion at a time.
22 Q. When is prior to meeting 22 That's all I ask.	destron at a time.
with the lawyers in this case, had you 23 BY MR. TISI:	
24 ever seen the Hill criteria had you 24 Q. Is is then	re is there
2.1 Ever seen the 11th effectite had you 2.1 Is its their	ie is there
Page 147	Page 149
1 ever seen the Hill article? 1 any	
2 A. Yes. 2 MS. MILLE	ER: I'll object
3 Q. Okay. And is the Hill 3 less that way.	
4 criteria applied any differently 4 BY MR. TISI:	
5 depending upon where you live? 5 Q. Is there any	y difference
6 In other words, do do 6 between how scientis	sts approach a
	epending upon where
8 the same way they apply it in the United 8 they happen to live a	
9 States? 9 A. I believe th	
10 MS. MILLER: Objection. 10 epidemiologists appl	ly this criteria. I
11 BY MR. TISI: 11 have no evidence tha	
12 Q. People in England apply it 12 dependent upon geog	
the same way they apply it in Canada? 13 of the epidemiologist	
	l so for example,
15 that 15 we use the issue, we	
· · · · · · · · · · · · · · · · · · ·	t before. You have no
17 Q. I'm I'm asking you 17 reason to believe that	
18 geographically. Is there if anyone 18 the Bradford Hill crit	
	in the United States?
you know, this is an English scientist 20 A. I I think	
21 and, therefore, they apply it differently 21 epidemiologist would	• 0
22 in England than they apply it in the 22 scientifically based n	
	onclusions
23 United States. 23 come up with their co	onclusions. I certainly the

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	Page 150		Page 152
1	Hill framework is a scientifically based	1	expert witness? Have you told anybody
2	framework for looking at causation?	2	that?
3	A. It provides a framework in	3	MS. MILLER: Objection.
4	which people can look at at the issue	4	THE WITNESS: Have I told
5	of causation.	5	someone that it
6	Q. Okay. Did you write your	6	BY MR. TISI:
7	general causation report Exhibit 1?	7	Q. Have you ever told anybody,
8	A. I wrote everything in it	8	you know, being an expert witness I can
9	except for title. Except for the	9	make a little extra money, or words to
10	materials reviewed and considered piece.	10	that effect?
11	Q. Okay. And are all the words	11	MS. MILLER: Objection.
12	and sentences in the report yours?	12	THE WITNESS: Not that I
13	A. I I wrote the entire	13	recall.
14	report.	14	BY MR. TISI:
15	Q. Did the lawyers for J&J	15	Q. If you go to Page 21 of your
16	write any of the words and sentences	16	report actually, let me change it.
17	contained in your report?	17	You rely on the you look
18	A. I I wrote the entire	18	at the observational studies and
19	report.	19	evidence, correct?
20	Q. When did you actually start	20	A. I I looked at
21	to write the report?	21	observational studies as part of my
22	A. From the beginning,	22	analyses.
23	essentially. Because as I was reviewing	23	Q. And in addition you looked
24	the literature, I I put sections into	24	at the biologic evidence and that's on
	Page 151		Page 153
1	Page 151 a document that was the basis of my	1	Page 153 Page 48 and 49 of your report?
2	a document that was the basis of my report.	2	
2 3	a document that was the basis of my	l	Page 48 and 49 of your report?
2 3 4	a document that was the basis of my report.	2 3 4	Page 48 and 49 of your report? A. 48 and 49?
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	Page 154		Page 156
1	A. That's what I state.	1	BY MR. TISI:
2	Q. And that's those are your	2	Q. Well, I'm going to show you
3	words?	3	one. Do you know who Dr. Narod is?
4	A. Those are my words.	4	A. Not personally.
5		5	
	Q. And isn't it true that		Q. Do you know him
6	outside of litigation now, this is a	6	professionally by reputation?
7	litigation report. This was paid for by	7	A. I know that I read an
8	Johnson & Johnson for the work that you	8	article that he had published.
9	did, correct?	9	Q. Okay. And this article is
10	MS. MILLER: Objection.	10	in Gynecologic Oncology. It's in your
11	There's two questions.	11	report.
12	BY MR. TISI:	12	A. Yes. It's published in
13	Q. The report the generation	13	Gynecologic Oncology.
14	of this report was paid for by Johnson &	14	Q. And it's an article entitled
15	Johnson?	15	"Talc and Ovarian Cancer"?
16	MS. MILLER: Objection.	16	A. Yes.
17	THE WITNESS: I did this	17	Q. And it's an is this a
18	report as part of my expert	18	respected peer-reviewed journal?
19	witness activities on the behalf	19	A. I don't know what the impact
20	of Johnson & Johnson.	20	
			factor is of this journal. It is a
21	BY MR. TISI:	21	peer-reviewed journal.
22	Q. For which you are paid?	22	Q. Does impact factor always
23	A. For which I am paid.	23	reflect the quality of the journal, the
24	Q. Okay. And isn't it true	24	actual academic quality of the journal?
	Page 155		Page 157
1	Page 155 that experts outside of litigation have	1	Page 157 A. It depends upon who you talk
1 2	that experts outside of litigation have	1 2	A. It depends upon who you talk
2	that experts outside of litigation have published the opinion that you expressed		A. It depends upon who you talk to. So journals that have high impact
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40 (Pages 154 to 157)

	Page 158		Page 160
1	MS. MILLER: Objection.	1	exactly where you're reading?
2	THE WITNESS: That's just	2	Q. Sure. I'll show you mine.
3	really broad. I mean, I think my	3	A. Oh, there, thank you. Thank
4	take on it is that high impact	4	you.
5	journals have definitely probably	5	MS. SHARKO: Can I see it?
6	more of a rigorous peer review	6	MR. TISI: You have it right
7	process than do some lower impact	7	there.
8	journals. But that that is not	8	MS. SHARKO: Thank you.
9	an absolute.	9	BY MR. TISI:
10	BY MR. TISI:	10	Q. It is unlikely that the
11	Q. Because you publish	11	association between talc and ovarian
12	A. But I'm sure there's	12	cancer is due to confounding, and so it
13	Q. Because you publish in	13	is fair to say that if there's a
14	A exceptions.	14	statistically a statistically robust
15	Q low impact journals,	15	relationship between talc and ovarian
16	right?	16	cancer, it is likely to be causal, albeit
17	MS. MILLER: Objection.	17	with intermediate factors, such as
18	Please stop interrupting	18	inflammation. In any case, given the
19	her.	19	number of hazard ratios in the literature
20	BY MR. TISI:	20	between 1.1 and 1.4 in both case-control
21		21	
22	Q. You publish in low impact	22	and cohort studies, it's disingenuous to state there is no evidence that talc is
23	journals, correct? A. I have. I don't I'm sure	23	associated with ovarian cancer.
23 24		24	
24	there are some of the publications on my	24	Do you see that?
	Page 159		Page 161
1	list that are in lower impact journals	1	A. I do see that. You did read
2	than others.	2	that correctly.
3	Q. Okay. Now, if I go to the	3	Q. Okay. I'm going to have
4	Narod article which is on your reference	4	that statement of Dr. Narod
5	list or on one of the lists. I forget	5	MS. MILLER: I was just
6	which one it is.	6	going to say you left one word out
7	On the bottom of the	7	in your reading
8	left-hand column, on the bottom, it	8	MS. SHARKO: I think he
9	says I'm reading	9	says
10	MS. MILLER: What page are	10	THE WITNESS: Oh, you didn't
11	you on?	11	read that correct.
12	BY MR. TISI:	12	MR. TISI: I thought you
13	Q. From about	13	said you did read did I
14	MR. TISI: The second page.	14	THE WITNESS: I'm sorry.
15	BY MR. TISI:	15	BY MR. TISI:
16	Q. Left-hand column, about	16	Q. I'll read it again. Let me
17	60 percent of the way down.	17	put it in front of you.
18	Okay. It says the	18	(Document marked for
19	following: And I'm going to read it, and	19	identification as Exhibit
	you tell me whether I read it correctly.	20	Ballman-8.)
	,		BY MR. TISI:
20	It is unlikely that the	41	D 1 MIX. 1131.
20 21	It is unlikely that the association between talc and ovarian	21 22	
20	It is unlikely that the association between talc and ovarian cancer	22 23	Q. This is Exhibit Number 8. And I've highlighted

41 (Pages 158 to 161)

1 called a conclusion but it comes in the middle of the document. I have 4 MR. LOCKE: This is 5 definitely I'm going to object. 6 This is definitely not the conclusion. Read the last paragraph. 9 MS. MILLER: I have an objection to the mislabeling of so 11 far each of these exhibits. 12 MR. TISI: Let me tell you 13 disingenuous to state 14 you can block out the conclusion 15 if you want, if that will make you 16 happy, Counsel. 17 MS. MILLER: Thank you for 18 that offer. 19 MR. TISI: Okay. So you 20 won't do it. 21 BY MR. TISI: 22 Q. So, I'm Doctor, did I 23 read the statement correctly, that it is 24 unlikely that the association between Page 163 1 talc and ovarian cancer is due to confounding, and so it is fair to say that if there's a statistically robust relationship between talc and ovarian cancer is likely to be causal, albeit with intermediate factors such as inflammation. Page 163 1 talc and ovarian cancer is due to confounding, and so it is fair to say inflammation. Page 163 1 talc and ovarian cancer is due to confounding, and so it is fair to say inflammation. Page 163 1 talc and ovarian cancer is due to confounding, and so it is fair to say inflammation. Page 163 1 talc and ovarian cancer is due to confounding, and so it is fair to say inflammation. Page 163 1 talc and ovarian cancer is due to confounding, and so it is fair to say inflammation. Page 163 1 the the statement will b e It's disingenuous to state no evidence that ta talc is as ovarian cancer is likely to be causal." Page 163 1 the e the statement atle is no evidence where I'ld is disingenuous to state no evidence that it association with ovarian cancer is likely to be causal." 1 the e the statement atle is no evidence that talc is as ovarian cancer is likely to be causal." 1 the e the statement atle is no evidence that talc is no	
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7 conclusion. Read the last paragraph. 8 paragraph. 9 MS. MILLER: I have an objection to the mislabeling of so 10 MR. TISI: Coumulating far each of these exhibits. 11 far each of these exhibits. 12 MR. TISI: Let me tell you 12 THE WITNESS: 13 what. I'm going to take out 13 disingenuous to state 14 you can block out the conclusion 15 if you want, if that will make you 16 happy, Counsel. 17 MS. MILLER: Thank you for 17 Q. That's what he word that offer. 18 that offer. 18 non-litigation report, do your't do it. 20 Q. Okay. And you 21 BY MR. TISI: 21 disagree with that statement 22 won't do it. 21 disagree with that statement 23 read the statement correctly, that it is 23 unlikely that the association between 24 know, it's disingenuous to 25 won with intermediate factors such as inflammation. 18 Did I read that correctly? 4 MS. SHARKO: No, you didn't. 15 Is the word use missing here 15 ovarian cancer is likely to be causal. 15 ovarian cancer is likely to be causal. 16 mS. MILLER: That word "use" 12 Q. What he also ovarian cancer is likely to be causal." 17 A. Yes.	
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22 Q. So, I'm Doctor, did I 23 read the statement correctly, that it is 24 unlikely that the association between Page 163 1 talc and ovarian cancer is due to 2 confounding, and so it is fair to say 3 that if there's a statistically robust 4 relationship between talc and ovarian 5 cancer is likely to be causal, albeit 6 with intermediate factors such as 1 inflammation. 7 A. He is not stating 8 Did I read that correctly? 9 MS. SHARKO: No, you didn't. 10 Is the word use missing here 11 too? He misread that. 12 MS. MILLER: That word "use" 13 is missing again. 14 MR. TISI: "Talc use and 15 ovarian cancer is likely to be 16 causal." 17 Did I not say that? A. Well, I mean, it 22 A. Well, I mean, it 23 upon how you parse thing 24 know, it's disingenuous to 24 know, it's disingenuous to 25 A. Well, I mean, it 23 upon how you parse thing 24 know, it's disingenuous to 25 A. Well, I mean, it 26 upon how you parse thing 24 know, it's disingenuous to 25 A. Well, I mean, it 26 upon how you parse thing 24 know, it's disingenuous to 25 A. Well, I mean, it 26 upon how you parse thing 24 know, it's disingenuous to 24 know, it's disingenuous to 25 A. Well, I mean, it 26 upon how you parse thing 24 know, it's disingenuous to 25 disingenuous to 26 know, it's disingenuous to 27 associated with ovarian cancer in 28 you mean that there are not associated with ovarian cancer. 3 date of with ovarian cancer in the association that there is no evidence that talc and ovarian cancer in the cancer. 4 There is no evidence that talc and ovarian cancer in talc an	
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16 causal." 16 first sentence? 17 Did I not say that? 17 A. Yes.	
Did I not say that? 17 A. Yes.	
18 MS. MILLER: "Talc use". 18 Q. And you disagre	
19 BY MR. TISI: 19 true?	e with that
	ee with that,
21 A. Yeah, I see that statement. 21 read	
,	ee with that,
	tence, can you
23 correctly. 23 unlikely that the associated 24 Q. The statement will be what 24 talc and ovarian cancer" -	tence, can you
2.1 The same ment will be what 2.7 tale and ovarial called	tence, can you ce. "It is on between

42 (Pages 162 to 165)

	Page 166		Page 168
1	A. Oh, that one.	1	his conclusion wrong?
2	Q "is due to confounding."	2	A. I I would have to see the
3	Do you disagree with that?	3	references upon which he's making that
4	MR. LOCKE: Objection to the	4	conclusion in order to assess that.
5	term, "the first sentence."	5	The data I looked at in
6	THE WITNESS: Yeah.	6	totality, I do see evidence of
7	MR. TISI: The first	7	confounding. In fact, we can go to the
8	okay.	8	Schildkraut study, and and there is a
9	THE WITNESS: It's of that	9	pretty resounding evidence there that
10	document.	10	there is recall bias, which is
11	BY MR. TISI:	11	Q. After 2014, correct?
12	Q. Correct. Of of exhibit	12	A. Well, there's recall bias
13	that	13	no, there's recall bias even before that.
14	A. This one.	14	But it shows sort of how
15	Q. Correct.	15	much magnitude recall bias can have just
16	A. 8?	16	due to tweaking one little thing.
17	Q. Yes.	17	But I did not say that
18	A. I I don't see any	18	there's no recall bias before 2014.
19	references there's references to	19	
20		20	Q. So would you defer to the
	support that statement.	21	authors of that study as to what the
21 22	Q. So you would disagree with	22	meaning of that data meant? A. No. Scientists don't do
23	the statement?	23	
	A. Well, I I don't see any		that. Scientists look at publications.
24	references to support that.	24	They look at they looked at the
	Page 167		Page 169
1	Q. So you disagree with the	1	methods. The methods of to be published.
2	statement?	2	They look at the analyses that were done
3	MS. MILLER: Objection.	3	and the results that were done. And
4	THE WITNESS: I'm just	4	and they evaluate whether or not they
5	saying I don't see any	5	they believe to the strength that the
6	references	6	authors do, that the authors' conclusions
7	BY MR. TISI:	7	are supported by all that.
8	Q. I understand. I'm not	8	Q. Now, Dr. Narod published his
9	asking you whether you see references.	9	opinions, correct?
10	I'm asking you whether you disagree with	10	A. Are these opinions? Yeah?
11	the statement.	11	Q. Okay. I'm going to I'll
12	A. I believe in any sort of	12	characterize them as opinion. Okay.
13	observational study it is not possible to	13	He published these
14	conclude that there is no confounding.	14	statements, correct?
15	Q. Okay. That's not what he	15	A. Yes. This is statements
16	said, did he?	16	made in a paper that was published.
17	He said, "It is unlikely	17	Q. Okay. And so he submitted
18	that the association between talc and	18	his his views to the scientific and
19	ovarian cancer is due to confounding."	19	medical community, correct?
	Do you see that?	20	A. Yeah. I mean, the all
20	Do you see that.		·
20 21		21	the views that's in this entire article.
	A. I see he says unlikely. But	21 22	the views that's in this entire article, I mean, so, you know, there's more words
21	A. I see he says unlikely. But again, I there's there's no		I mean, so, you know, there's more words
21 22	A. I see he says unlikely. But	22	

	Page 170		Page 172
1	Q. I agree, I agree. But he	1	Canada did, just like any of the other
2	submitted his his views to the	2	authors of the studies that you've
3	scientific and medical community for what	3	reviewed, what your views on the level of
4	that's worth, correct?	4	evidence there is for the general
5	A. This paper has been	5	causation question.
6	published.	6	Are you do you intend to
7	Q. Okay. The Health Canada	7	publish?
8	paper, even in its draft form, was put on	8	MS. MILLER: Objection.
9	the internet. That's where you found it,	9	Again, that was two questions.
10	correct?	10	The first one was the
11	A. The Health Canada draft is	11	objectionable one.
12	available for people to review.	12	THE WITNESS: So
13	Q. Okay. And comment on, which	13	MR. TISI: Let me rephrase
14	you have not done, right?	14	the question.
15	A. I have not commented on the	15	BY MR. TISI:
16	Health Canada.	16	Q. Do you intend to publish on
17	Q. Have you published your	17	the question about whether or not ovarian
18	opinions about talc?	18	cancer is caused by talcum powder
19	A. I did research on this. And	19	products?
20	I wrote an expert report. I have not	20	A. I do not plan to publish.
21	published my expert report.	21	Q. Now, in addition to offering
22	Q. Have you submitted your	22	your own professional opinion on the
23	report to peer review?	23	sufficiency of the evidence on talc and
24	A. That's sort of that would	24	ovarian cancer, I understand you may
	71. That's sort of that would		ovarian cancer, I anderstand you may
	Page 171		Page 173
1	be sort of odd. This this expert	1	offer criticisms of plaintiffs'
2	report is written for a specific purpose.	2	epidemiology experts in this case; is
3	If I'm going to do a peer-reviewed	3	that true?
4	antiala it it repuld laak a littla		that true:
	article, it it would look a little	4	A. So, in my report, I point
5	different from from this expert	4 5	
5 6	different from from this expert		A. So, in my report, I point
		5	A. So, in my report, I point out some I point out things that
6	different from from this expert report.	5 6	A. So, in my report, I point out some I point out things that other experts had said that that I
6 7	different from from this expert report. Q. So what specific purpose was	5 6 7	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with. Q. Well, for the record the
6 7 8	different from from this expert report. Q. So what specific purpose was this article was this report written	5 6 7 8	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with.
6 7 8 9	different from from this expert report. Q. So what specific purpose was this article was this report written for?	5 6 7 8 9	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with. Q. Well, for the record the
6 7 8 9 10	different from from this expert report. Q. So what specific purpose was this article was this report written for? MS. MILLER: Objection.	5 6 7 8 9 10	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with. Q. Well, for the record the experts that you referred to in your
6 7 8 9 10 11	different from from this expert report. Q. So what specific purpose was this article was this report written for? MS. MILLER: Objection. THE WITNESS: So this report	5 6 7 8 9 10 11	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with. Q. Well, for the record the experts that you referred to in your report are Jack Siemiatycki?
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6 7 8 9 10 11 12 13 14	different from from this expert report. Q. So what specific purpose was this article was this report written for? MS. MILLER: Objection. THE WITNESS: So this report was written to look at the totality of the evidence that's	5 6 7 8 9 10 11 12 13	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with. Q. Well, for the record the experts that you referred to in your report are Jack Siemiatycki? A. He's one expert. Q. Do you know who Jack
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	different from from this expert report. Q. So what specific purpose was this article was this report written for? MS. MILLER: Objection. THE WITNESS: So this report was written to look at the totality of the evidence that's been published to determine whether there is an association between talc and ovarian cancer, a causal relationship between talc and ovarian cancer. BY MR. TISI:	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with. Q. Well, for the record the experts that you referred to in your report are Jack Siemiatycki? A. He's one expert. Q. Do you know who Jack Siemiatycki is? A. I know who I know who he is. But I've not met him. Q. You understand that he's well published in the field of cancer epidemiology?
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6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	different from from this expert report. Q. So what specific purpose was this article was this report written for? MS. MILLER: Objection. THE WITNESS: So this report was written to look at the totality of the evidence that's been published to determine whether there is an association between talc and ovarian cancer, a causal relationship between talc and ovarian cancer. BY MR. TISI: Q. Now, did you so would you have you decided now that you've done this review, are you going to	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. So, in my report, I point out some I point out things that other experts had said that that I believe have limitations or that I don't agree with. Q. Well, for the record the experts that you referred to in your report are Jack Siemiatycki? A. He's one expert. Q. Do you know who Jack Siemiatycki is? A. I know who I know who he is. But I've not met him. Q. You understand that he's well published in the field of cancer epidemiology? MS. MILLER: Objection. THE WITNESS: I did not look at his publication records. So I

44 (Pages 170 to 173)

		Ι	
	Page 174		Page 176
1	BY MR. TISI:	1	epidemiologist and has I can't
2	Q. You know that he was the	2	remember if she's published in the area.
3	chair of the IARC panel that dealt with	3	I presume she has. And, you know, one
4	the issue of ovarian cancer and talc?	4	can look at her publications.
5	A. I believe when I read the	5	Q. So I guess what I'm
6	IARC I believe when I read his expert	6	hearing so let
7	report, that is what he stated.	7	THE VIDEOGRAPHER: Sorry.
8	Q. Do you have any reason to	8	You're covering your microphone.
9	believe that he's unqualified to offer	9	BY MR. TISI:
10	his opinions in this case on the general	10	Q. Let me summarize it. Do
11	question? Whether you disagree with his	11	you of any of plaintiffs' experts in
12	conclusions, put that aside for a moment.	12	this case, do you intend to offer any
13	I'm asking you do you have	13	opinions that any of them are unqualified
$\frac{14}{14}$	any qualms with his qualifications to	14	to render an opinion on the general
15	offer an opinion on the issue of general	15	causation question?
16	causation?	16	MS. MILLER: Objection.
17	MS. MILLER: Objection.	17	THE WITNESS: I it's I
18	THE WITNESS: I don't think	18	don't I was not asked to render
19	it's my place to decide whether or	19	an opinion if I think that any of
20	not someone has the qualifications	20	the experts are unqualified or
21	to offer an opinion.	21	not. And so I haven't seen
22	BY MR. TISI:	22	thought about that.
23	Q. Well, we had a witness the	23	BY MR. TISI:
24	other day who said that he thought	24	Q. And that's fine. Are all of
27	other day who said that he thought		Q. And that's line. Are all of
	Page 175		Page 177
1	another one of plaintiffs' witnesses was	1	your opinions of these experts contained
2	unqualified. I'm asking you, are you	2	in your expert report, Exhibit 1?
3	do you think that this witness that	3	MS. MILLER: Objection. She
4	Dr. Siemiatycki is unqualified?	4	just said she has no opinions.
5	A. I believe he has he has	5	THE WITNESS: Are my
6	credentials in this area, and he's	6	opinions of the actual experts?
7	done he was, as you said, the chair of	7	BY MR. TISI:
8	the IARC committee, and may even have	8	Q. Yes. Of the actual experts,
9	published in this area.	9	of their conclusions, of their
10	So, you know, when people	10	methodology, are all of those opinions
11	publish, yeah I don't know what the	11	contained in your expert report, Exhibit
12	word "qualified" means, but I think, you	12	Number 1?
13	know, he is a scientist.	13	MS. MILLER: Objection. I
14	Q. What about Anne McTiernan?	14	don't understand that question.
15	Do you have any qualms about her	15	MR. TISI: You don't have
16	qualifications to render an opinion on	16	to. As long as she understand it.
17	the question of whether or not talc	17	THE WITNESS: Yeah, I'm
18	causes ovarian cancer?	18	confused too.
19	MS. MILLER: Objection.	19	MS. MILLER: What?
20	THE WITNESS: I can't speak	20	THE WITNESS: Because I
21	to the qualifications.	21	thought I heard my opinions of the
22	BY MR. TISI:	22	experts
23	Q. Okay.	23	BY MR. TISI:
24	A. I know that she's an	24	Q. I said
l			Ç

45 (Pages 174 to 177)

	Page 178		Page 180
1		1	
2	A and I don't know why I would have	2	number here. I disagree with that number
3		3	there, or I disagree so I guess I have
	Q. Are your criticisms of	1	to say it's not complete.
4	your are all of the criticisms that	4	Q. Okay. Are there any
5	you have on plaintiffs' experts contained	5	opinions that you have as you sit here
6	in your expert report?	6	today about any of the opinions that they
7	MS. MILLER: Her criticisms	7	gave that are not in your report?
8	of the experts' opinions?	8	A. Without going through their
9	MR. TISI: Yes.	9	reports and going through my report to
10	MS. MILLER: Okay. That's	10	make sure that every single criticism I
11	not what you said.	11	might have has been made, I can't answer
12	THE WITNESS: No, no, you	12	that with any sort of certainty.
13	said experts. And so I'm still	13	Q. Okay. I'm going to have it
14	confused.	14	marked as Exhibit Number 9, your
15	BY MR. TISI:	15	curriculum vitae.
16	Q. Okay. Are all of the	16	(Document marked for
17	opinions related to plaintiffs' experts	17	identification as Exhibit
18	contained in your expert report?	18	Ballman-9.)
19	 A. Are all my opinions related 	19	BY MR. TISI:
20	to plaintiffs' experts?	20	Q. This is the one that was
21	Q. Mm-hmm.	21	provided with your expert report. Is
22	A. Themselves?	22	this your most recent curriculum vitae?
23	Q. Mm-hmm. Of their opinions,	23	A. No.
24	their methodology, any aspect	24	Q. Is there one subsequent to
	Page 179		Page 181
1	A. Okay. That's a little	1	that?
2	different. Again, I heard, are my	2	A. This says June 5th on it.
3	opinions of the qualifications, or	3	Q. Okay. Is the expert
4	whatever of the experts.	4	report
5	Q. I said I'm reading		
		5	
6	verbatim. Are all of the opinions	5	MS. MILLER: She's looking.
6 7	verbatim. Are all of the opinions	5 6	MS. MILLER: She's looking. THE WITNESS: The thing
7	verbatim. Are all of the opinions related to plaintiffs' experts that you	5	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my
7 8	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report?	5 6 7 8	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd.
7 8 9	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my	5 6 7 8 9	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI:
7 8 9 10	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts.	5 6 7 8 9	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's
7 8 9 10 11	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the	5 6 7 8 9 10 11	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So
7 8 9 10 11 12	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not	5 6 7 8 9 10 11 12	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have
7 8 9 10 11 12 13	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address.	5 6 7 8 9 10 11 12 13	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong?
7 8 9 10 11 12 13	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the	5 6 7 8 9 10 11 12 13 14	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that
7 8 9 10 11 12 13 14 15	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase	5 6 7 8 9 10 11 12 13 14 15	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th.
7 8 9 10 11 12 13 14 15	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase the question.	5 6 7 8 9 10 11 12 13 14 15	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th. MR. TISI: Okay. My office
7 8 9 10 11 12 13 14 15 16 17	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase the question. Are all of your criticisms	5 6 7 8 9 10 11 12 13 14 15 16 17	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th. MR. TISI: Okay. My office must have printed it out wrong.
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7 8 9 10 11 12 13 14 15 16 17 18	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase the question. Are all of your criticisms about the opinions that plaintiffs' experts will offer in this case contained	5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th. MR. TISI: Okay. My office must have printed it out wrong. BY MR. TISI: Q. Okay. So is Exhibit A to
7 8 9 10 11 12 13 14 15 16 17 18 19 20	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase the question. Are all of your criticisms about the opinions that plaintiffs' experts will offer in this case contained in your report?	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th. MR. TISI: Okay. My office must have printed it out wrong. BY MR. TISI: Q. Okay. So is Exhibit A to your expert report your most recent
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase the question. Are all of your criticisms about the opinions that plaintiffs' experts will offer in this case contained in your report? A. I mean, the ones I thought	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th. MR. TISI: Okay. My office must have printed it out wrong. BY MR. TISI: Q. Okay. So is Exhibit A to your expert report your most recent curriculum vitae?
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase the question. Are all of your criticisms about the opinions that plaintiffs' experts will offer in this case contained in your report? A. I mean, the ones I thought were the most important are in here.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th. MR. TISI: Okay. My office must have printed it out wrong. BY MR. TISI: Q. Okay. So is Exhibit A to your expert report your most recent curriculum vitae? A. It's the most
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	verbatim. Are all of the opinions related to plaintiffs' experts that you have contained in your expert report? A. See, that says are my opinions of all the plaintiff experts. To me, that's like my opinions on the experts themselves, which I did not address. Q. Okay. I said related to the expert. Okay. Let me let me rephrase the question. Are all of your criticisms about the opinions that plaintiffs' experts will offer in this case contained in your report? A. I mean, the ones I thought	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. MILLER: She's looking. THE WITNESS: The thing that's attached as Exhibit A on my expert report says February 22nd. BY MR. TISI: Q. Okay. So let's A. So Q. That's an old one. I have it says February 22nd there. Am I wrong? MS. MILLER: The one that you gave us says June 5th. MR. TISI: Okay. My office must have printed it out wrong. BY MR. TISI: Q. Okay. So is Exhibit A to your expert report your most recent curriculum vitae?

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	Page 182		Page 184
1	this portion of the questioning?	1	correct?
2	MR. TISI: Yes, correct.	2	A. Not off the top of my head.
3	Exhibit A.	3	Q. Okay. One more plaintiffs'
4	MS. MILLER: Of your	4	epidemiology referred to in your expert
5	Exhibit 1?	5	report is April Zambelli-Wiener-Weiner.
6	MR. TISI: Exhibit 1.	6	Do you remember? She looked at the
7	MS. MILLER: Exhibit A to	7	Huncharek and Muscat publications in 2003
8	Exhibit 1.	8	and 2000 2007, and then the 2011
9	MR. TISI: Correct.	9	publication of the of their report to
10	MS. MILLER: Just so we're	10	the FDA. Do you remember reading that?
11	all on the same page.	11	A. I remember reading her
12	MR. TISI: Thank you.	12	expert report. Can I can I see it? I
13	THE WITNESS: It's the	13	don't remember if those were the actual
14	latest one that I updated.	14	studies that she I thought 2003 was
15	BY MR. TISI:	15	and I don't remember a 2011. So
16	Q. Okay. Does this CV	16	Q. Okay. Let
17	accurately summarize the experience that	17	A but I did read her expert
18	you believe qualifies you to render an	18	report.
19	epidemiologic opinion on the causation	19	Q. Let's put aside 2011 for a
20	question in this case?	20	moment. The diaphragm study, which was
21	A. That that's a broad	21	2007 and 2003 meta-analysis, you did read
22	question. I mean, I don't know if you	22	her report on those, correct?
23	can capture 20 years of of experience,	23	A. I read her expert report.
24	you know, in one document, but it	24	Q. Okay. And you agree that
	Page 183		Page 185
1	captures, you know, some highlights, yes.	1	those reports contain those studies
2	Q. Well, is there anything that	2	contain errors, correct?
3	you can think of in your experience,	3	A. Yeah. Can I see her expert
4	beyond what is in your expert report as	4	report, please?
5	you sit here right now, that would	5	Q. I don't have it with me.
6	qualify you to testify on the issue of	6	Do you do you have any
7	whether or not ovarian cancer is caused	7	opinions as to whether did you look
8	by talcum powder products?	8	when you were preparing your report, did
9	A. Well, in the in the	9	you look at her report and try to confirm
10	addition to what is written here is my	10	or not the errors that she identified
11	day in and day out daily activities	11	with respect to those studies?
12	when that I do as part of my job.	12	MS. MILLER: Objection.
12 13	That that has built up the experience	13	BY MR. TISI:
12 13 14	That that has built up the experience over the years.	13 14	BY MR. TISI: Q. Was that part of what you
12 13 14 15	That that has built up the experience over the years. Q. When is the last time do	13 14 15	BY MR. TISI: Q. Was that part of what you were asked to do?
12 13 14 15 16	That that has built up the experience over the years. Q. When is the last time do any of your publications anywhere refer	13 14 15 16	BY MR. TISI: Q. Was that part of what you were asked to do? MS. MILLER: Objection. I
12 13 14 15 16 17	That that has built up the experience over the years. Q. When is the last time do any of your publications anywhere refer to the Bradford Hill criteria?	13 14 15 16 17	BY MR. TISI: Q. Was that part of what you were asked to do? MS. MILLER: Objection. I am sorry, objection after the
12 13 14 15 16 17 18	That that has built up the experience over the years. Q. When is the last time do any of your publications anywhere refer to the Bradford Hill criteria? A. I have no idea. Nothing	13 14 15 16 17 18	BY MR. TISI: Q. Was that part of what you were asked to do? MS. MILLER: Objection. I am sorry, objection after the first question. I didn't realize
12 13 14 15 16 17 18	That that has built up the experience over the years. Q. When is the last time do any of your publications anywhere refer to the Bradford Hill criteria? A. I have no idea. Nothing comes to the top of my head, but I can't	13 14 15 16 17 18 19	BY MR. TISI: Q. Was that part of what you were asked to do? MS. MILLER: Objection. I am sorry, objection after the first question. I didn't realize there would be two.
12 13 14 15 16 17 18 19 20	That that has built up the experience over the years. Q. When is the last time do any of your publications anywhere refer to the Bradford Hill criteria? A. I have no idea. Nothing comes to the top of my head, but I can't say with certainty.	13 14 15 16 17 18 19 20	BY MR. TISI: Q. Was that part of what you were asked to do? MS. MILLER: Objection. I am sorry, objection after the first question. I didn't realize there would be two. THE WITNESS: So
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12 13 14 15 16 17 18 19 20 21	That that has built up the experience over the years. Q. When is the last time do any of your publications anywhere refer to the Bradford Hill criteria? A. I have no idea. Nothing comes to the top of my head, but I can't say with certainty. Q. Okay. A. As you mentioned, there's	13 14 15 16 17 18 19 20 21 22	BY MR. TISI: Q. Was that part of what you were asked to do? MS. MILLER: Objection. I am sorry, objection after the first question. I didn't realize there would be two. THE WITNESS: So BY MR. TISI: Q. Was it part of your in
12 13 14 15 16 17 18 19 20 21	That that has built up the experience over the years. Q. When is the last time do any of your publications anywhere refer to the Bradford Hill criteria? A. I have no idea. Nothing comes to the top of my head, but I can't say with certainty. Q. Okay.	13 14 15 16 17 18 19 20 21	BY MR. TISI: Q. Was that part of what you were asked to do? MS. MILLER: Objection. I am sorry, objection after the first question. I didn't realize there would be two. THE WITNESS: So BY MR. TISI:

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	Dage 186		Dage 188
_	Page 186		Page 188
1	there were substantive flaws in the	1	of deposition
2	analyses conducted by Drs. Huncharek and	2	MS. MILLER: If you want
3	Muscat that Dr. Zambelli-Wiener-Weiner	3	Dr. Zambelli-Wiener-Weiner's
4	had identified?	4	report, we can have it brought in
5	A. So you're asking me to	5	here.
6	remember, just off the top of my head	6	MR. TISI: I don't need to.
7	what's in her report. I would very much	7	BY MR. TISI:
8	like to see that report	8	Q. This is the notice of
9	Q. I'm asking you what you	9	deposition that we filed in this case.
10	I'm asking you what you did. Okay.	10	Have you seen that before?
11	Did you	11	 I have seen this document.
12	 A. I did look at her report and 	12	Q. Okay. And you your
13	I did read through it.	13	counsel provided documents last night.
14	Q. Did you do any analysis of	14	And I'm not going to mark all of them.
15	the Huncharek and Muscat articles?	15	But because they will go out of order
16	A. Oh, did I that's a	16	here, I'm going to mark them as 10, A, B,
17	different question. Did I do any	17	C, D, because they are in response to
18	analyses of their articles? I read	18	this notice of deposition.
19	through her report. I do remember that.	19	A supplemental list of
20	I do remember her finding some error	20	materials, I'm going to have this marked
21	or what she called errors, numbers that	21	as Exhibit Number 10A.
22	she couldn't match that they had reported	22	(Document marked for
23	in their report that came from other	23	identification as Exhibit
24	case-control studies and so forth.	24	Ballman-10.)
			,
	Page 187		Page 189
1	And I I remember her	1	(Document marked for
2	doing various different analyses that if	2	identification as Exhibit
3	they really used the studies that they	3	Ballman-10-A.)
4	claimed they used, what would the	4	BY MR. TISI:
5	dose-response relationship, say, look	5	Q. And this one, Number 2, is
6	like. And I remember it didn't matter,	6	the Health Canada document that we marked
7	because there still was no dose-response	7	previously.
8	relationship even when she did the	8	A. It has it on it here, yes.
9	analyses in the way she thought it should	9	Q. Okay.
10	have been done.	10	(Document marked for
11	Q. So other than that, do you	11	identification as Exhibit
12	have any criticisms of her?	12	Ballman-10-B.)
13	A. I would have to go through	13	(Document marked for
14	my my report here and and see if	14	identification as Exhibit
15	I I actually sort of mention anything	15	Ballman-10-C.)
16	with respect to her actual report. I	16	(Document marked for
17	don't remember off of the top of my head.	17	identification as Exhibit
18	Q. Now, Exhibit Number 10 is	18	Ballman-10-D.)
19	the I'm going to ask	19	BY MR. TISI:
20	(Document marked for	20	Q. The next is an addendum to
21	identification as Exhibit	21	list of materials reviewed and considered
	Ballman-10.)	22	by Karla Ballman. And I'm going to have
22			
	BY MR. TISI: Q. I'm going to mark the notice	23 24	this marked as Exhibit Number 10-B. 10-C is your invoice dated

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			Page 192
1		4	
1	3/7/2019, the one that Ms. Sharko has not	1	exchange back and forth was to clarify
2	paid.	2	that you were?
3	MS. MILLER: It's Skadden.	3	MS. MILLER: Objection. THE WITNESS: So can I see
4	I think it's me who hasn't paid.	4	
5	MR. TISI: Okay.	5	the disclosure form?
6	MS. MILLER: I'm the bad guy	6	BY MR. TISI:
7	here.	7	Q. I don't I didn't print
8	BY MR. TISI:	8	it came too late last night for me to
9	Q. Next one is an e-mail I'm	9	print at the hotel.
10	going to ask you in a moment about, from	10	But you
11	Dr. Karla Ballman to Sandra Oquendo at	11	MS. MILLER: You printed the
12	the FDA.	12	e-mail but you didn't print the
13	Can you tell me what that's	13	disclosure it related to?
14	about?	14	MR. TISI: Excuse me,
15	MS. MILLER: Is that a	15	Counsel. I did not.
16	question now?	16	MS. MILLER: Okay. I
17	MR. TISI: Yes.	17	MR. TISI: Okay. If you
18	MS. MILLER: Are you done	18	have a copy, you can feel free to
19	marking them?	19	show it to her.
20	MR. TISI: No, I'm not done	20	MS. MILLER: Can I get a
21	marking them. I'm just going to	21	copy?
22	stop right there.	22	MR. TISI: But but
23	MS. MILLER: Oh, okay.	23	well, we'll go off the record and
24	BY MR. TISI:	24	you can get a copy.
	Page 191		Page 193
1	Q. That's an e-mail that you	1	MS. MILLER: Okay. Let's go
2	drafted on March 21, 2019, which would	2	off the record and I'll get a
3	have been I don't know what today's	3	copy.
4	date is. That may have been yesterday.	4	THE VIDEOGRAPHER: Remove
5	A. Yeah, I've been getting my	5	your microphones. The time is
6	dates mixed up this week.	6	11:33 a.m. Off the record.
7	Q. This is an e-mail disclosing	7	(Short break.)
8	to the FDA that you are an expert for	8	THE VIDEOGRAPHER: Okay. We
9	Johnson & Johnson in the talc litigation?	9	are back on the record. The time
10	A. So the first e-mail I is	10	is 11:48 a.m.
11	sending an updated disclosure form to the	11	BY MR. TISI:
12	FDA.	12	Q. Doctor, we took a quick
13	Q. Right.	13	break so that you could look at some
14	A. The second e-mail is a	14	documents. Could you tell us why you
15	response from them asking for	15	amended your FDA form yesterday to
16	clarification or answers to some specific	16	indicate that you had done some
17	questions.	17	consulting on the talc litigation with
18	And then the last e-mail is	18	J&J?
19	my saying here are my responses.	19	A. So this is for an FDA panel
20	Q. Okay. But but is it fair	20	and they wanted a disclosure. And so the
21	to say that you initially provided a	21	first time that I submitted my disclosure
22	disclosure form to for the FDA that	22	I believe it was January 23rd. I listed
23	did not disclose you were an expert for	23	Johnson & Johnson and \$12,000. So I
24	Johnson & Johnson and that this e-mail	24	looked at the box, it says, "Expert

	Karla Ball	man,	F11.D.
	Page 194		Page 196
1	witness, last 12 months." I saw last	1	ongoing work that I'm doing, Johnson &
2	12 months. "I appeared for or against	2	Johnson talc powder litigation that's
3	the following listed firms/issues."	3	the issue and the amount that I
4	And then I saw amount	4	billed.
5	received.	5	Q. And now I notice that these
6	So when I saw that, I was	6	do not contain it's supposed to go
7	like okay, what they want is in the last	7	back 12 months?
8	12 months any money I got from that I	8	A. Yes.
9	actually physically got in the last	9	Q. They did not contain the
10	12 months from doing expert work. And so	10	Viagra work that you've done?
11	this was the amount that I had received	11	A. There was another
12	in the last 12 months.	12	confidential document that accompanied
13	So as part of the, what is	13	this, that I believe the decision was
14	this notice called? As part of	14	made I don't know what the legal terms
15	document Exhibit 10, the request was	15	are. And there was a list of all the
16	for all disclosures made to the FDA, so I	16	companies that they wanted just that
17	was looking through and trying to find	17	
18		I	information on, if I had any sort of
	all disclosures. And I I am learning	18	engagement with the companies on that
19	through my experience here that I need to	19	list.
20	understand and look at words much more	20	Q. Who is they? The FDA?
21	carefully. And so I re-read this again.	21	A. The FDA. There was another
22	And then I saw and I am	22	document that accompanied this that
23	sure I read it the first time. But it	23	explains sort of, you know, the
24	just didn't register to me. It says "or	24	confidentiality disclosure. It says
	Page 195		Page 197
1	under negotiation."	1	confidential on top. And that's why it
2	And so I started thinking	2	wasn't shared.
3	about that, and I thought, well, you	3	And Johnson & Johnson was
4	know, they probably don't really mean	4	the only firm that I've done any work
5	just under negotiation, that probably	5	with that was on that list.
6	encompasses ongoing work.	6	Q. Okay. And so you didn't
7	So I felt it was prudent to	7	feel that you needed to indicate that you
8	amend my disclosure to the FDA to let	8	were an expert witness for the
9	them know about the ongoing work for	9	manufacturers in Viagra/Cialis, based
10	which I had not received any money in the	10	upon Number F Letter F on this form,
11	last 12 months. And that is the document	11	that says, "Expert witness last 12 months
12	that is is dated incorrectly. I sent	12	
13	•	13	or negotiation, I appeared for or against
14	the document on the 20th. 3/21/2019. I	14	the following firms/issues."
	had my dates mixed up.	1	MR. LOCKE: Objection to
15 16	In there I went through and	15	form.
16	another thing I had missed is it said	16	THE WITNESS: Yes,
17	firm/issue. So I I thought, well, I	17	because
18	better also put the issue I I	18	BY MR. TISI:
19	missed that too the first time.	19	Q. It doesn't it doesn't
20	So you now see it says,	20	limit to it on the attached list. It
21	"Johnson & Johnson/Zytiga patent	21	simply says
22	(prostate cancer)," the amount received.	22	A. No, but in the confidential
23	That did not change.	23	document that wasn't, it said, "Please
24	And then I added this	24	disclose any" "Please disclose for the
		I	

	Page 198		Page 200
1	firms listed on this list."	1	is a different two different things,
2	MS. MILLER: There's a cover	2	correct?
3	memo. I can explain. There's a	3	A. Now I'm confused. I mean
4	cover memo. And it said do not	4	Q. Okay. Let me because I
5	disclose. Because it said do not	5	don't want to get I don't want to get
6	disclose and it wasn't the actual	6	bogged down.
7		7	
8	conflicts, we did not produce it. BY MR. TISI:	8	Would you agree with me that these three these courses that you
9		9	taught deal primarily with trial design,
10	Q. Okay. But can we agree the form doesn't the form itself the	10	statistical methods or biostatistics
11	disclosure form doesn't limit I mean,	11	review?
12		12	
13	I can't test this your because I can't see the document.	13	MS. MILLER: Objection. BY MR. TISI:
14		14	
15	But what I'm asking you is, the form itself that's filed doesn't list	15	Q. We can argue about whether it's epidemiology or not later. Would
16		16	
17	Viagra/Cialis litigation, does it?	17	you agree that that is the focus?
	A. I mean, as you see on the	l	MS. MILLER: Objection.
18	form there, it is not listed, because	18	Really try to stick to one
19	again, in the cover letter that went with	19	question. I'm really pleading
20	this, the confidential cover letter that	20	with you.
21	says, "Please disclose any engagement	21	MR. TISI: She's looking at
22	with these specific companies," Lilly was	22	me like I've lost my mind.
23	not on that.	23	THE WITNESS: Well, no,
24	Q. Okay. Let me ask you I'm	24	because, I mean I mean I
	Page 199		
	Page 199		Page 201
1	going to mark this as 10-E.	1	Page 201 mean, clinical trials is
1 2		1 2	
	going to mark this as 10-E.		mean, clinical trials is
2	going to mark this as 10-E. (Document marked for	2	mean, clinical trials is epidemiology. It's study design.
2	going to mark this as 10-E. (Document marked for identification as Exhibit	2 3	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had
2 3 4	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.)	2 3 4	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's
2 3 4 5	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI:	2 3 4 5	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design
2 3 4 5 6	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and	2 3 4 5 6	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you
2 3 4 5 6 7	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote	2 3 4 5 6 7 8	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say.
2 3 4 5 6 7 8	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote epidemiology biostatistics. Is it fair	2 3 4 5 6 7 8	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say. The trial the value of
2 3 4 5 6 7 8 9 10	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote epidemiology biostatistics. Is it fair to say that all of these all of these have to do with trial designs, statistical methods, or biostatistics?	2 3 4 5 6 7 8	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say. The trial the value of trials, we were talking about
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2 3 4 5 6 7 8 9 10 11 12	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote epidemiology biostatistics. Is it fair to say that all of these all of these have to do with trial designs, statistical methods, or biostatistics? A. So you would say that meta-analyses is not epidemiology? You	2 3 4 5 6 7 8 9 10 11 12 13	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say. The trial the value of trials, we were talking about meta-analyses. So that that, that lecture involved meta-analyses and what a meta-analysis is so forth. As you see in most you know, this
2 3 4 5 6 7 8 9 10 11 12 13	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote epidemiology biostatistics. Is it fair to say that all of these all of these have to do with trial designs, statistical methods, or biostatistics? A. So you would say that meta-analyses is not epidemiology? You would say trial design is most	2 3 4 5 6 7 8 9 10 11 12 13 14	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say. The trial the value of trials, we were talking about meta-analyses. So that that, that lecture involved meta-analyses and what a meta-analysis is so forth. As you see in most you know, this litigation involves many
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote epidemiology biostatistics. Is it fair to say that all of these all of these have to do with trial designs, statistical methods, or biostatistics? A. So you would say that meta-analyses is not epidemiology? You would say trial design is most epidemiology? I think most epidemiologists would disagree with that. Q. I'm asking you there's a difference between trial design and trial analysis and causation analysis, is there not?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say. The trial the value of trials, we were talking about meta-analyses. So that that, that lecture involved meta-analyses and what a meta-analysis is so forth. As you see in most you know, this litigation involves many meta-analyses, and we're calling it epidemiology. BY MR. TISI: Q. I didn't ask you whether I simply asked you and, you know,
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote epidemiology biostatistics. Is it fair to say that all of these all of these have to do with trial designs, statistical methods, or biostatistics? A. So you would say that meta-analyses is not epidemiology? You would say trial design is most epidemiology? I think most epidemiologists would disagree with that. Q. I'm asking you there's a difference between trial design and trial analysis and causation analysis, is there	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say. The trial the value of trials, we were talking about meta-analyses. So that that, that lecture involved meta-analyses and what a meta-analysis is so forth. As you see in most you know, this litigation involves many meta-analyses, and we're calling it epidemiology. BY MR. TISI: Q. I didn't ask you whether I simply asked you and, you know, forgive me if I think you're being
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	going to mark this as 10-E. (Document marked for identification as Exhibit Ballman-10-E.) BY MR. TISI: Q. This is the lectures and workshops on epidemiology. And you wrote epidemiology biostatistics. Is it fair to say that all of these all of these have to do with trial designs, statistical methods, or biostatistics? A. So you would say that meta-analyses is not epidemiology? You would say trial design is most epidemiology? I think most epidemiologists would disagree with that. Q. I'm asking you there's a difference between trial design and trial analysis and causation analysis, is there not? MS. MILLER: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	mean, clinical trials is epidemiology. It's study design. Biomarker development, that had epidemiology in it because it's very dependent upon study design and what you can say and what you can't say. The trial the value of trials, we were talking about meta-analyses. So that that, that lecture involved meta-analyses and what a meta-analysis is so forth. As you see in most you know, this litigation involves many meta-analyses, and we're calling it epidemiology. BY MR. TISI: Q. I didn't ask you whether I simply asked you and, you know, forgive me if I think you're being

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	Page 202		Page 204
1	Q. Okay. Okay. Because I've	1	A. Just, just a very vague.
2	simply asked are these primarily focused	2	Q. What is your understanding?
3	on trial design, statistical methods, and	3	MS. MILLER: Objection.
4	biostatistics review.	4	That's a legal question. I don't
5	MS. MILLER: Objection.	5	think that's a question for an
6	THE WITNESS: I don't know	6	expert. That's a question for a
7	how to answer that because, I	7	lawyer.
8	mean, that's what the titles say.	8	BY MR. TISI:
9	BY MR. TISI:	9	Q. What is your
10	Q. Thank you.	10	MR. TISI: I understand.
11	A. But it does not say sort of	11	BY MR. TISI:
12	what the content is of	12	Q. What is your understanding?
13	Q. I'm going to ask you that	13	MS. MILLER: She's not an
14	question. You really need to you	14	expert on the law
15	really need to answer my question, and	15	MR. TISI: I'm asking her
16		16	
17	then I will ask the follow-up questions. So are these the next	17	what her understanding is. THE WITNESS: I
		18	
18	question that I'm going to ask, do any of		MS. MILLER: I understand,
19	these in any of these courses or	19	but I don't think that's an
20	lectures, did you teach students how to	20	appropriate question.
21	do a Bradford Hill analysis?	21	MR. TISI: Okay. Fine.
22	MS. MILLER: Objection. Is	22	THE WITNESS: Yeah, I don't
23	this about courses? I thought it	23	even know if I I even want to
24	was just lectures.	24	hazard what my understanding is,
The state of the s	Page 203		Page 205
1	MR. TISI: Lectures. In any	1	because that's outside the scope
2	of these lectures.	2	of my expertise.
3	MS. MILLER: You said	3	And I I've been learning,
4	courses.	4	as I have mentioned, I've been
5	THE WITNESS: I don't	5	learning through these processes
6	believe Bradford Hill was	6	that the words I use are very
7	mentioned in in these	7	important. And so I am just not
8	particular lectures, no.	8	even going to hazard.
9	BY MR. TISI:	9	BY MR. TISI:
10	Q. Okay. Okay. Now before we	10	Q. Whether you do you know
11	discuss any further, let me just go back	11	whether or not in these hearings the
12	and and ask you.	12	question is going to be whether or not
13	The front page of your	13	the witnesses are qualified?
14	report talks about general causation	14	MS. MILLER: Objection.
15	Daubert hearings, the page that you	15	BY MR. TISI:
16	signed, correct, on Exhibit 1?	16	Q. Do you have any
17	A. That's what it says.	17	understanding of that?
18	Q. Okay. And has has it	18	MS. MILLER: Objection.
19	been explained to you or do you have any	19	Again, that was two questions. I
20	understanding let me rephrase the	20	think it's really hard when you
21	question.	21	ask two questions. I'm sorry to
22	Do you have any	22	keep repeating this.
	Do you have any		
	understanding as to what Daubert hearings	2.3	BY MR TISI:
23	understanding as to what Daubert hearings are?	23 24	BY MR. TISI: Q. Do you have do you have

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	Page 206		Page 208
1	any understanding as to one in the issues	1	THE WITNESS: I mean,
2	in the Daubert hearings is whether the	2	that that's a very vague
3	witness is qualified to give an opinion	3	question. So I I can say what
4	on which they are proffered to give an	4	I did. I looked at the totality
5	opinion on?	5	of the evidence using established
6	A. I I my understanding	6	epidemiology framework, and I came
7	is, is experts should be experts in in	7	to the conclusion that there is no
8	the area that they were retained for.	8	credible evidence
9	Q. And use a proper	9	BY MR. TISI:
10	methodology, correct?	10	Q. Okay.
11	A. Well, if they were experts,	11	A of a causal association
12	I would presume that that they use	12	between talc and
13	they are experts in their area so they	13	Q. I understand that you
14	know what to do.	14	MR. TISI: Again, she's not
15	Q. Do you have any	15	answering my question
16	MS. MILLER: Objection.	16	MS. MILLER: She still has
17	BY MR. TISI:	17	to
18	Q. And that so, you agree	18	MR. TISI: No, I understand,
19	with me that being qualified experts in	19	but she can't filibuster.
20	the field, that the plaintiffs' experts	20	BY MR. TISI:
21	as your have used a proper	21	
22	methodology, they all looked at Bradford	22	Q. I'm I didn't ask you what you did.
23		23	
24	Hill, correct?	24	I'm asking you, did the
24	MS. MILLER: Objection.	24	experts when you read their reports on
	Page 207		Page 209
1	THE WITNESS: Yeah, that's	1	the plaintiffs' side, whether you agreed
2	starting to go beyond my my	2	or disagreed with their conclusions, did
3	understanding of law. I mean I	3	they use the same framework that you did?
4	know that the both sides have	4	MS. MILLER: Objection.
5	experts and they both sides'	5	THE WITNESS: I I can't
6	experts say what they're experts	6	say that.
7	in, are were retained on the	7	BY MR. TISI:
8	basis of what their expertise is,	8	Q. Okay.
9	but that that's basically all I	9	A. I mean, I I don't know
10	know.		
		1 10	() And that's fine then liist
		10	Q. And that's fine then. Just
11	BY MR. TISI:	11	answer it that way.
11 12	BY MR. TISI: Q. Do you have any reason to	11 12	answer it that way. A. Okay. I I can't say that
11 12 13	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree	11 12 13	answer it that way. A. Okay. I I can't say that with certainty.
11 12 13 14	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I	11 12 13 14	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine.
11 12 13 14 15	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report	11 12 13 14 15	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic
11 12 13 14 15	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have	11 12 13 14 15 16	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave
11 12 13 14 15 16 17	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence	11 12 13 14 15 16 17	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the
11 12 13 14 15 16 17 18	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence was looked at by some plaintiffs'	11 12 13 14 15 16 17	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the evidence and you looked at the evidence
11 12 13 14 15 16 17 18	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence was looked at by some plaintiffs' experts. Putting aside Smith-Bindman's	11 12 13 14 15 16 17 18 19	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the evidence and you looked at the evidence differently, is there any methodologic
11 12 13 14 15 16 17 18 19 20	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence was looked at by some plaintiffs' experts. Putting aside Smith-Bindman's meta-analysis for a moment.	11 12 13 14 15 16 17 18 19 20	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the evidence and you looked at the evidence differently, is there any methodologic flaw that you have identified in any of
11 12 13 14 15 16 17 18 19 20 21	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence was looked at by some plaintiffs' experts. Putting aside Smith-Bindman's meta-analysis for a moment. Isn't it fair to say that	11 12 13 14 15 16 17 18 19 20 21	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the evidence and you looked at the evidence differently, is there any methodologic flaw that you have identified in any of the plaintiffs' experts' reports?
11 12 13 14 15 16 17 18 19 20 21 22	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence was looked at by some plaintiffs' experts. Putting aside Smith-Bindman's meta-analysis for a moment. Isn't it fair to say that they applied the same general methodology	11 12 13 14 15 16 17 18 19 20 21 22	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the evidence and you looked at the evidence differently, is there any methodologic flaw that you have identified in any of the plaintiffs' experts' reports? MS. MILLER: Objection. Is
11 12 13 14 15 16 17 18 19 20 21 22 23	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence was looked at by some plaintiffs' experts. Putting aside Smith-Bindman's meta-analysis for a moment. Isn't it fair to say that they applied the same general methodology that you did?	11 12 13 14 15 16 17 18 19 20 21 22 23	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the evidence and you looked at the evidence differently, is there any methodologic flaw that you have identified in any of the plaintiffs' experts' reports? MS. MILLER: Objection. Is there a specific expert you're
11 12 13 14 15 16 17 18 19 20 21 22	BY MR. TISI: Q. Do you have any reason to believe, based upon you may disagree with some of the weights or and I think you're pretty clear in your report of some of the criticisms that you have about the way in which certain evidence was looked at by some plaintiffs' experts. Putting aside Smith-Bindman's meta-analysis for a moment. Isn't it fair to say that they applied the same general methodology	11 12 13 14 15 16 17 18 19 20 21 22	answer it that way. A. Okay. I I can't say that with certainty. Q. That's fine. Is there any methodologic flaw, apart from you that you gave different different weights to the evidence and you looked at the evidence differently, is there any methodologic flaw that you have identified in any of the plaintiffs' experts' reports? MS. MILLER: Objection. Is

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Ì	Page 210		Page 212
1	MR. TISI: I'm if she	1	I assume your learned
2	says yes, I will then go through	2	counsel here knows how to defend a
3	them.	3	deposition. Can I assume that?
4	BY MR. TISI:	4	MS. SHARKO: Are we going to
5	Q. Apart from Smith-Bindman.	5	take my deposition now?
6	And I know you have a whole section on	6	MR. TISI: Well, I mean,
7	Smith-Bindman.	7	unless if you want to go under
8	A. Well, I I also have sort	8	oath I'm happy to ask you
9	of I I address other opinions that	9	questions.
10	experts have made and and say why I	10	MS. SHARKO: Is that a
11	I don't believe that the scientific	11	MR. TISI: Otherwise
12	evidence supports what they they came	12	otherwise, I would appreciate it
13	to.	13	if you would simply observe.
14	So obviously, I mean that	14	BY MR. TISI:
15	that's that I think is part and parcel	15	Q. So, Dr. Ballman, have you
16	as to	16	identified any methodologic apart from
17	Q. But that's a conclusion	17	disagreeing about some of the weights
18	question, right? So so	18	that Dr. Siemiatycki ascribed to certain
19	MS. SHARKO: You can't	19	studies, do you have any criticism of the
20	interrupt the witness.	20	methodology he used?
21	MR. TISI: You know, she	21	A. Of what he used in his
22	MS. MILLER: This is crazy.	22	meta-analyses?
23	MR. TISI: All right. You	23	Q. In hi in any in his
24	know	24	report, entirely.
21	KIIOW	2.1	report, entirely.
	Page 211		Page 213
1	MS. MILLER: You've	1	A. So, I mean, overall, you
2	interrupted every sentence that	2	know, I I think that there are flaws
3	she's given you since we came back	3	in the methodology of all the experts.
4	from the break and that's just not	4	Q. Okay. Tell me what tell
5	fair.	5	me what they are.
6	MR. TISI: I must tell you,	6	A. Well, we can go through my
7	you are not going to do this.	7	, ,
		,	report.
8	•	8	report. O. No. I want you you can go
	MS. MILLER: I'm not going	8	Q. No, I want you you can go
8 9 10	•		Q. No, I want you you can go through your report. But I just give
9	MS. MILLER: I'm not going to do what?	8 9	Q. No, I want you you can go through your report. But I just give me a general understanding about what
9 10	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me	8 9 10	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is.
9 10 11 12	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not	8 9 10 11 12	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to
9 10 11 12 13	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this.	8 9 10 11 12 13	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report
9 10 11 12 13 14	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one	8 9 10 11 12 13 14	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I
9 10 11 12 13 14	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now?	8 9 10 11 12 13 14 15	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't
9 10 11 12 13 14 15 16	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you	8 9 10 11 12 13 14 15 16	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let
9 10 11 12 13 14 15 16 17	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you can't interrupt the witness.	8 9 10 11 12 13 14 15 16 17	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let him prevent you from looking at
9 10 11 12 13 14 15 16 17	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you can't interrupt the witness. MR. TISI: Okay.	8 9 10 11 12 13 14 15 16 17	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let him prevent you from looking at your report.
9 10 11 12 13 14 15 16 17 18	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you can't interrupt the witness. MR. TISI: Okay. MS. SHARKO: You know that,	8 9 10 11 12 13 14 15 16 17 18	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let him prevent you from looking at your report. THE WITNESS: Yeah, and I
9 10 11 12 13 14 15 16 17 18 19 20	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you can't interrupt the witness. MR. TISI: Okay. MS. SHARKO: You know that, so behave yourself.	8 9 10 11 12 13 14 15 16 17 18 19 20	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let him prevent you from looking at your report. THE WITNESS: Yeah, and I need to I need to look at
9 10 11 12 13 14 15 16 17 18 19 20 21	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you can't interrupt the witness. MR. TISI: Okay. MS. SHARKO: You know that, so behave yourself. MR. TISI: We have so why	8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let him prevent you from looking at your report. THE WITNESS: Yeah, and I need to I need to look at his the expert report of
9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you can't interrupt the witness. MR. TISI: Okay. MS. SHARKO: You know that, so behave yourself. MR. TISI: We have so why don't you switch seats you can	8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let him prevent you from looking at your report. THE WITNESS: Yeah, and I need to I need to look at his the expert report of Dr. Siemiatycki in order to make
9 10 11 12 13 14 15 16 17 18 19 20 21	MS. MILLER: I'm not going to do what? MR. TISI: So so let me let me MS. SHARKO: You're not going to do this. MR. TISI: Are we doing one or two now? MS. SHARKO: Mr. Tisi, you can't interrupt the witness. MR. TISI: Okay. MS. SHARKO: You know that, so behave yourself. MR. TISI: We have so why	8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. No, I want you you can go through your report. But I just give me a general understanding about what your criticism with Dr. Siemiatycki is. MS. MILLER: If you need to look at your report THE WITNESS: Yeah, I can't MS. MILLER: don't let him prevent you from looking at your report. THE WITNESS: Yeah, and I need to I need to look at his the expert report of

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1	Q. As you sit here right now	1	so I don't know exactly what I'm going to
2	without looking at his report, do you	2	be questioned on.
3	have any criticisms of Dr. Siemiatycki	3	Q. Okay. Now, you offered an
4	that you can that you can articulate	4	
5	for me?		opinion in the Viagra Cialis product
5 6		5	liability litigation?
7	MS. MILLER: Objection.	6	A. I did.
	That's not fair. The witness said	7	Q. Like in this case, you were
8 9	she needs to look at her report.	8	asked by a pharmaceutical company lawyer
	She needs to look at his report.	9	to testify on issues about whether or not
10	This is not a memory test, is it?	10	a product causes a disease, correct?
11	MR. TISI: I'm here to take	11	MR. LOCKE: Objection.
12	her deposition.	12	THE WITNESS: In Viagra, I
13	BY MR. TISI:	13	was asked to evaluate the totality
14	Q. So I'd like to know, as you	14	of the evidence that exists as to
15	sit here I assume you spent time with	15	whether or not exposure to Cialis,
16	counsel preparing, correct?	16	in particular, I think, because
17	A. I would like to see the	17	Lilly, I think, is Cialis and not
18	reports, please, because I don't want to	18	Viagra.
19	misstate something just because my memory	19	Whether or not it causes
20	is is not well doing well right	20	melanoma.
21	now.	21	BY MR. TISI:
22	Q. So you cannot you	22	Q. Okay. So the answer to my
23	cannot is it fair to say that you	23	question is you were asked to look at a
24	cannot offer an opinion as to the	24	general causation question as to whether
	Page 215		Page 217
1	methodologic flaws of Jack Siemiatycki	1	or not a product causes a disease?
2	without sitting here and going through	2	MS. MILLER: Objection.
3	his report?	3	THE WITNESS: I don't
4	MS. MILLER: Objection.	4	know
5	BY MR. TISI:	5	MS. MILLER: Please.
6	Q. Because I assumed you would	6	THE WITNESS: that the
7	have done that before today.	7	I'm sorry.
8	MS. MILLER: Objection.	8	Can I answer?
9	THE WITNESS: I think it's	9	BY MR. TISI:
10	fair to say that I have reviewed	10	Q. Please.
11	many expert reports. I wrote my	11	MS. MILLER: Of course.
12	report. And everything is	12	Just give me time. That's all I'm
13	becoming a jumble. And I just	13	asking.
14	want to make sure that I I can	14	THE WITNESS: So, I don't
15	refresh my memory in order to	15	know what general causation means.
16	render the opinions you're looking	16	BY MR. TISI:
17	for.	17	Q. I didn't ask you general
18	BY MR. TISI:	18	causation.
19	Q. Do you understand that in a	19	A. I thought you did.
20	Daubert hearing that you too will be	20	Q. If I did the question was
21	questioned about your both your	21	to whether
22	qualifications and your methodology? Do	22	MS. MILLER: "So the answer
23	you understand that?	23	to my question is you were asked
24	A. I I I'm not a lawyer,	24	to look at a general causation
	y y		<i>6</i>

55 (Pages 214 to 217)

	Page 218		Page 220
1	question." You did say	1	That was your deposition.
2	MR. TISI: Well, I wasn't	2	A. Oh, okay. Okay.
3	talking general causation.	3	Q. Okay. Your
4	BY MR. TISI:	4	A. Yeah, the report was
5	Q. A general question about	5	probably midyear.
6	whether or not a product causes a	6	Q. Was the causation
7	disease.	7	causation methodology that you employed
8	MS. MILLER: Objection.	8	to look at the question about whether or
9	THE WITNESS: Again, I told	9	not Cialis was capable of causing
10	you what I was asked to look for	10	melanoma the same methodology you used in
11	there. I was and I am giving	11	this case?
12	specifics rather than	12	A. My general approach was
13	generalities. I was asked to look	13	similar. I review the data. I or the
14	at the totality of the	14	literature. I I, you know, determine,
15	epidemiology literature as to	15	you know, whether or not there appears to
16	whether or not there is evidence	16	be evidence of causation using
17	that use of Cialis or a PDE5	17	established epidemiology principles and I
18	inhibitor more generally causes	18	come to a conclusion.
19	melanoma.	19	Q. Is there any did you
20	BY MR. TISI:	20	change your methodology at all between
21	Q. Okay. And so you were	21	Viagra/Cialis and this case. In other
22	looking about a causation question?	22	words, did you use a different a
23	MS. MILLER: Objection.	23	different standard to evaluate evidence
24	THE WITNESS: Again, I told	24	or the same standard?
21	THE WITNESS. Again, Hold	2 1	of the same standard:
	Page 219		Page 221
1	you what I was I don't know	1	Page 221 MS. MILLER: Objection.
2		1 2	
	you what I was I don't know		MS. MILLER: Objection.
2	you what I was I don't know why	2	MS. MILLER: Objection. BY MR. TISI:
2	you what I was I don't know why BY MR. TISI:	2 3	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did
2 3 4 5 6	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or	2 3 4	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection.
2 3 4 5	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation	2 3 4 5	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I
2 3 4 5 6	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis?	2 3 4 5 6	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection.
2 3 4 5 6 7 8 9	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I	2 3 4 5 6 7 8	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know
2 3 4 5 6 7 8 9	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and	2 3 4 5 6 7 8	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I
2 3 4 5 6 7 8 9 10	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at.	2 3 4 5 6 7 8 9 10	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report?
2 3 4 5 6 7 8 9	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and	2 3 4 5 6 7 8 9	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I
2 3 4 5 6 7 8 9 10 11 12	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question.	2 3 4 5 6 7 8 9 10	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report?
2 3 4 5 6 7 8 9 10 11	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me	2 3 4 5 6 7 8 9 10 11	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different
2 3 4 5 6 7 8 9 10 11 12	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it.	2 3 4 5 6 7 8 9 10 11 12 13	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI:
2 3 4 5 6 7 8 9 10 11 12 13 14	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general	2 3 4 5 6 7 8 9 10 11 12 13 14	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you
2 3 4 5 6 7 8 9 10 11 12 13 14 15	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general causation report lay out your	2 3 4 5 6 7 8 9 10 11 12 13 14 15	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you used the same general framework. For
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general causation report lay out your qualifications let me rephrase the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you used the same general framework. For example, did you use the Bradford Hill
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general causation report lay out your qualifications let me rephrase the question.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you used the same general framework. For example, did you use the Bradford Hill framework with respect to Viagra Cialis
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general causation report lay out your qualifications let me rephrase the question. Your Viagra/Cialis report was issued last year in mid-2018,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you used the same general framework. For example, did you use the Bradford Hill framework with respect to Viagra Cialis that you used here? A. I used established
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general causation report lay out your qualifications let me rephrase the question. Your Viagra/Cialis report was issued last year in mid-2018, correct? A. I believe that's about	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you used the same general framework. For example, did you use the Bradford Hill framework with respect to Viagra Cialis that you used here? A. I used established epidemiology principles for looking at
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general causation report lay out your qualifications let me rephrase the question. Your Viagra/Cialis report was issued last year in mid-2018, correct?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you used the same general framework. For example, did you use the Bradford Hill framework with respect to Viagra Cialis that you used here? A. I used established epidemiology principles for looking at causation, which are based in the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	you what I was I don't know why BY MR. TISI: Q. You can't tell me whether or not you were looking at a causation question in Viagra/Cialis? A. I think I answered that. I want to be very specific at what I looked at. Q. And I'm being very and I'm trying to ask you a question. Let me ask you. Let me change it. Did your talc general causation report lay out your qualifications let me rephrase the question. Your Viagra/Cialis report was issued last year in mid-2018, correct? A. I believe that's about the or October maybe. I'm not I	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. MILLER: Objection. BY MR. TISI: Q. In that case as you did here? MS. MILLER: Sorry. I thought you were done. Objection. THE WITNESS: I don't know what you mean different standard versus the same standard. Are you talking about did I use different words in my report? Did I use different BY MR. TISI: Q. No. I'm asking whether you used the same general framework. For example, did you use the Bradford Hill framework with respect to Viagra Cialis that you used here? A. I used established epidemiology principles for looking at causation, which are based in the Bradford Hill criteria.

56 (Pages 218 to 221)

l	5 000		7 004
	Page 222		Page 224
1	different in other words, if I looked	1	BY MR. TISI:
2	at your Viagra Cialis deposition and your	2	Q. Okay. And is there any
3	expert report, would it reflect the same	3	difference that you can think of in the
4	methodology that you used here?	4	approach that you made in Viagra-Cialis
5	A. I I don't know how you	5	than you did here?
6	would	6	A. I I'm not sure what
7	Q. Putting aside the evidence.	7	you're looking for. I have my
8	MS. MILLER: She was in the	8	Q. I'm not looking for
9	middle of	9	anything. I'm just looking to say, if
10	MR. TISI: Well, I I	10	you were giving a lecture to to
11	MS. MILLER: She was	11	students and say, you know, in both of
12	literally in the middle of the	12	these I use the same you know, this is
13	sentence. I don't think	13	how you do it. For example, in
14	MR. TISI: I am going to	14	Viagra-Cialis I did it the same way I did
15	withdraw the question, Counsel.	15	it in the talc litigation.
16	MS. MILLER: Okay.	16	MS. MILLER: Objection.
17	BY MR. TISI:	17	BY MR. TISI:
18	Q. Okay. Putting aside the	18	Q. Did you do it the same?
19	fact that the evidence is different I	19	A. Again, I said I reviewed the
20	mean, obviously it's a different product,	20	literature, I applied Bradford Hill
21	different disease here. Putting that	21	criteria as the basis as to determining
22	issue aside.	22	whether or not there is causality, and I
23	If the same did you apply	23	rendered an opinion.
24	the same general framework and approach	24	Q. Was the description of the
			C
	Page 223		Page 225
1	in looking at the causation question in	1	methodology you used in Viagra-Cialis
2	Viagra/Cialis as you did here?	2	truthful?
3	MS. MILLER: Same	3	MS. MILLER: Objection. Do
4	objections.	4	you want to put in front of her
5	THE WITNESS: So, as I	5	MR. TISI: No, I don't.
6	explained, I I and I don't	6	MS. MILLER: But that's not
7	know how to explain it any	7	fair.
8	differently.	8	MR. TISI: I asked her
9	So I I looked at all the	9	MS. MILLER: You are turning
10	available evidence that was in the	10	
		1 10	this deposition into a memory
11	literature. I used the Bradford	11	this deposition into a memory test.
11 12		l	•
	literature. I used the Bradford	11	test.
12	literature. I used the Bradford Hill criteria as the basis for	11 12	test. MR. TISI: Counsel.
12 13	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there	11 12 13	test. MR. TISI: Counsel. Counsel, this is not a memory test.
12 13 14	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I	11 12 13 14	test. MR. TISI: Counsel. Counsel, this is not a memory
12 13 14 15	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I rendered sort of what I what my	11 12 13 14 15	test. MR. TISI: Counsel. Counsel, this is not a memory test. MS. MILLER: Okay. BY MR. TISI:
12 13 14 15 16	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I rendered sort of what I what my opinion was. BY MR. TISI:	11 12 13 14 15 16	test. MR. TISI: Counsel. Counsel, this is not a memory test. MS. MILLER: Okay. BY MR. TISI: Q. Did you is there
12 13 14 15 16	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I rendered sort of what I what my opinion was. BY MR. TISI: Q. And that is the that is	11 12 13 14 15 16 17	test. MR. TISI: Counsel. Counsel, this is not a memory test. MS. MILLER: Okay. BY MR. TISI: Q. Did you is there anything have you re-read your
12 13 14 15 16 17 18 19	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I rendered sort of what I what my opinion was. BY MR. TISI: Q. And that is the that is the standard epidemiologic methodology,	11 12 13 14 15 16 17 18 19	test. MR. TISI: Counsel. Counsel, this is not a memory test. MS. MILLER: Okay. BY MR. TISI: Q. Did you is there anything have you re-read your deposition in Viagra-Cialis?
12 13 14 15 16 17 18 19 20	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I rendered sort of what I what my opinion was. BY MR. TISI: Q. And that is the that is the standard epidemiologic methodology, true?	11 12 13 14 15 16 17 18	test. MR. TISI: Counsel. Counsel, this is not a memory test. MS. MILLER: Okay. BY MR. TISI: Q. Did you is there anything have you re-read your deposition in Viagra-Cialis? A. My deposition?
12 13 14 15 16 17 18 19 20 21	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I rendered sort of what I what my opinion was. BY MR. TISI: Q. And that is the that is the standard epidemiologic methodology, true? MS. MILLER: Objection.	11 12 13 14 15 16 17 18 19 20 21	test. MR. TISI: Counsel. Counsel, this is not a memory test. MS. MILLER: Okay. BY MR. TISI: Q. Did you is there anything have you re-read your deposition in Viagra-Cialis? A. My deposition? Q. Mm-hmm.
12 13 14 15 16 17 18 19 20	literature. I used the Bradford Hill criteria as the basis for looking at whether or not there was causation, and then I I rendered sort of what I what my opinion was. BY MR. TISI: Q. And that is the that is the standard epidemiologic methodology, true?	11 12 13 14 15 16 17 18 19 20	test. MR. TISI: Counsel. Counsel, this is not a memory test. MS. MILLER: Okay. BY MR. TISI: Q. Did you is there anything have you re-read your deposition in Viagra-Cialis? A. My deposition?

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1 2			
	Q. Mm-hmm.	1	MS. MILLER: Okay. Go
	A. In Viagra-Cialis?	2	ahead.
3	Q. Mm-hmm.	3	BY MR. TISI:
4	A. I've read parts of it, yes.	4	Q. Would you agree that
5	Q. Okay. Do you know that	5	you've testified to this before, sort of
6	there's a Daubert challenge to you in	6	about epidemiology and biostatistics.
7	Viagra-Cialis?	7	While there's some overlap obviously
8	A. Yes, I am aware of that.	8	between biostatistics and epidemiology,
9	Q. Okay. And you know that the	9	you've pointed that out. And these are
10	hearing is in June, correct?	10	related fields, that they are two
11	A. No, I didn't know that.	11	distinct scientific disciplines?
12	Q. Okay. Have you not been	12	A. I think, as I mentioned,
13	told that there's a hearing set?	13	that at the basic level, the overlap is
14	A. No, I have not been told	14	almost complete between epidemiology and
15	that.	15	biostatistics.
16	Q. And is there anything about	16	Q. Okay.
17	your approach in Viagra-Cialis as a	17	A. So Epi 101 and Biostats 101
18	result of re-reading your testimony that	18	are are very, very similar. If you
19	you would change about your approach that	19	would look at table of contents of books
20	you did it here?	20	they would have similar concepts being
21	A. No.	21	being taught.
22	MS. MILLER: Objection.	22	I would also say that within
23	BY MR. TISI:	23	clinical research the overlap between
24	Q. Okay. So that	24	epidemiology and biostatistics is very
	Page 227		Page 229
1	MS. MILLER: Please try to	1	complete.
2	remember to leave me time to	2	I would also say that
3	object, please.	3	epidemiology as a field has other areas
4	BY MR. TISI:	4	that aren't so overlapped with
5	Q. Would you	5	biostatistics, such as public health.
6	MS. MILLER: You two are	6	That that is a pure epi sort of topic.
7	talking over each other and I'm	7	Within biostats, there are
8	not having an opportunity to	8	areas in biostats that are not that
9	object properly.	9	overlapping with epidemiology. It's the
10	I want the record to show my	10	area where people want to develop new
11	objection before your answer.	11	mathematical techniques and so that's
12	MR. TISI: How about if I	12	almost more overlapping with mathematics
13	just agree that you object to	13	because of the theory beneath it.
14	every question and we can move on?	14	And so I, as a clinical
15	MS. MILLER: How about we	15	research in my career over the last
16	just agree that you start asking	16	20-some years, sits right in that really
17	unobjectionable questions? It	17	overlapped area. And so that's what
18	would be so much smoother	18	what I do.
19	MR. TISI: I am so happy	19	Q. Okay. Let me let me move
20	MS. MILLER: and the depo	20	to strike the answer because it wasn't
	would go so much quicker.	21	that wasn't my question.
21			3.6 11
21 22	MR. TISI: I will submit	22	My question was, would you
21	MR. TISI: I will submit every question I have to the court.	22 23 24	My question was, would you agree let me me give you a different question.

58 (Pages 226 to 229)

	Dog 220		Daga 222
_	Page 230		Page 232
1	Would you agree that being	1	MS. MILLER: Objection.
2	an epidemiologist does not automatically	2	What do you mean by her website?
3	qualify a professional as a statistician	3	MR. TISI: Can we have the
4	or biostatistician?	4	next exhibit, please. Exhibit 11.
5	MS. MILLER: Objection.	5	(Document marked for
6	THE WITNESS: I I'm not	6	identification as Exhibit
7	sure what exactly you're you're	7	Ballman-11.)
8	asking there.	8	BY MR. TISI:
9	BY MR. TISI:	9	Q. This is your website from
10	Q. Has every can every	10	Weill Cornell?
11	epidemiologist do what you do?	11	A. I I don't know if it's my
12	A. I I would have to see	12	website. I believe it's the division's
13	what the particular epidemiologist	13	website of biostatistics and
14	Q. I'm not asking that	14	epidemiology.
15	A the experience and	15	Q. It has your picture on it?
16	training is in order to	16	A. Well, it has my picture on
17	Q. Because because they are	17	it, but it says biostatistics and
18	distinct fields, true?	18	epidemiology. It doesn't say Karla
19	There is overlap, just like	19	Ballman at the top.
20	cardiology and cardiac surgery, overlap,	20	Q. Actually it says, "Weill
21	right?	21	Cornell Medical Center Biostatistics and
22	MS. MILLER: Objection.	22	Epidemiology," correct?
23	She's	23	A. Way at the top, yes.
24	BY MR. TISI:	24	Q. Right. And underneath your
	DI MIN TION		Q. Tagini Tina anaomeani you
	Page 231		Page 233
1	Q. Epidemiology and	1	picture it says Dr. Karla Ballman?
2	biostatistics overlap, true?	2	A. Yes, that's correct.
3	MS. MILLER: That's three	3	Q. And underneath that it has
4	questions. I'm looking at the	4	two separate definitions, one for
5	BY MR. TISI:	5	biostatistics and one for epidemiology,
6	Q. I'm asking you the question:	6	correct?
7	Do epidemiology and biostatistics	7	A. Yeah, that's what's there.
8	overlap?	8	Q. "Epidemiology says it's
9	A. They overlap considerably in	9	concerned with the distribution,
10	some areas.	10	causation, and control of disease across
11	Medicine and epidemiology	11	time and space in human population."
12	overlap. There are medical doctors that	12	Do you see that?
13	do epidemiology. But medicine is very	13	A. Yes, that's what's written
14	different and distinct discipline from	14	there, yes.
15	epidemiology.	15	Q. Okay. And underneath
16	Q. Is epidemiology concerned	16	above that is a section that says,
17	with the distribution causation and	17	"Biostatistics is the application of
18	control of disease across time and space	18	statistical techniques to scientific
19	and human populations?	19	research in health-related fields
	A. I believe that's one	20	including medicine, biology, and public
20		21	
20 21	definition that one could use	21	nealin in the development of novel
21	definition that one could use. Of In fact, that's the		health in the development of novel
21 22	Q. In fact, that's the	22	methodologies that could improve the
21			

	Page 234		Page 236
1	biostatistics has become an in	1	definitions, one for biostatistics and
2	dispensable tool in improving health and	2	one for epidemiology, correct?
3	reducing illness."	3	MS. MILLER: Objection.
4	Correct?	4	THE WITNESS: It has it
5	A. What you read there is what	5	has two statements there. One for
6	it states. I mean, I'll point out that's	6	biostatistics and one for
7	this is a biostatistics	7	epidemiology. And then it has,
8	Q. That's all I asked.	8	"The mission of the division of
9	A and epidemiology	9	biostatistics and epidemiology."
10	department	10	And that's not that's the
11	Q. All I asked is whether I	11	mission of our division
12	read it correctly.	12	MR. TISI: Counsel
13	A. You did read it correctly.	13	THE WITNESS: which is to
14	Q. Thank you. This is your	14	develop epidemiologic studies in
15	website for your department, correct?	15	the fields of hypertension,
16	A. So I don't think you're	16	women's health, perioperative
17	letting me sort of address what you're	17	MR. TISI: honestly can
18	trying to imply.	18	you just ask your witness to
19	Q. I'm not trying to imply	19	answer the question.
20	anything.	20	THE WITNESS: outcomes and
21	MS. MILLER: Please, let her	21	anesthesiology. And that is
22	answer.	22	actually quite outdated because we
23	MR. TISI: No, the problem	23	do more than that.
24	is I think her answer really	24	MR. TISI: Okay. Okay.
	Page 235		Page 237
1	illustrates the problems here.	1	Counsel, I'm really going to ask
2	She's anticipating where she	2	you, maybe we can take a break and
3	thinks that I'm going. I'm asking	3	you can ask your witness to answer
4	her very straightforward	4	the question.
5	questions.	5	BY MR. TISI:
6	BY MR. TISI:	6	Q. I'm simply asking, are there
7	Q. The question is, is this	7	two separate definitions on this page?
8	your department's web page?	8	MS. MILLER: You've asked
	A Vac	9	
9	A. Yes.	9	that three times.
10	MS. MILLER: I think you	10	that three times. MR. TISI: Well, but I'm not
	MS. MILLER: I think you know the answer to that. So	I	
10	MS. MILLER: I think you	10	MR. TISI: Well, but I'm not
10 11	MS. MILLER: I think you know the answer to that. So	10 11	MR. TISI: Well, but I'm not getting an answer. She wants to
10 11 12	MS. MILLER: I think you know the answer to that. So that's	10 11 12	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the
10 11 12 13	MS. MILLER: I think you know the answer to that. So that's MR. TISI: Okay. Well, I	10 11 12 13	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the document.
10 11 12 13 14	MS. MILLER: I think you know the answer to that. So that's MR. TISI: Okay. Well, I have to put it on the record,	10 11 12 13 14	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the document. MS. MILLER: You said it
10 11 12 13 14 15 16 17	MS. MILLER: I think you know the answer to that. So that's MR. TISI: Okay. Well, I have to put it on the record, Counsel.	10 11 12 13 14 15 16 17	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the document. MS. MILLER: You said it has she did answer. "It has two separate definitions" MR. TISI: And she goes on.
10 11 12 13 14 15 16	MS. MILLER: I think you know the answer to that. So that's MR. TISI: Okay. Well, I have to put it on the record, Counsel. BY MR. TISI:	10 11 12 13 14 15 16	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the document. MS. MILLER: You said it has she did answer. "It has two separate definitions"
10 11 12 13 14 15 16 17	MS. MILLER: I think you know the answer to that. So that's MR. TISI: Okay. Well, I have to put it on the record, Counsel. BY MR. TISI: Q. Is it your department's web	10 11 12 13 14 15 16 17	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the document. MS. MILLER: You said it has she did answer. "It has two separate definitions" MR. TISI: And she goes on.
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10 11 12 13 14 15 16 17 18	MS. MILLER: I think you know the answer to that. So that's MR. TISI: Okay. Well, I have to put it on the record, Counsel. BY MR. TISI: Q. Is it your department's web page? A. I believe it is. I haven't	10 11 12 13 14 15 16 17 18	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the document. MS. MILLER: You said it has she did answer. "It has two separate definitions" MR. TISI: And she goes on. MS. MILLER: "one for biostatistics and one for
10 11 12 13 14 15 16 17 18 19 20	MS. MILLER: I think you know the answer to that. So that's MR. TISI: Okay. Well, I have to put it on the record, Counsel. BY MR. TISI: Q. Is it your department's web page? A. I believe it is. I haven't been out at that web page in I don't	10 11 12 13 14 15 16 17 18 19 20	MR. TISI: Well, but I'm not getting an answer. She wants to go and read the rest of the document. MS. MILLER: You said it has she did answer. "It has two separate definitions" MR. TISI: And she goes on. MS. MILLER: "one for biostatistics and one for epidemiology, correct?" And she
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1 biostatistics" MR. TISI: Did I ask her that? Did I ask her about the mission? 3 that? Did I ask her about the mission? 4 mission? 5 MS. MILLER: Did she not answer your question, sir? 6 MR. TISI: Yes, but then she goes on a speech. 9 MS. MILLER: You are pulling statements out of context In MR. TISI: I mot pulling it out of context. 11 MR. TISI: The providing some context. She's providing some context. She's providing the context In MR. TISI: Counsel. 13 MS. MILLER: Why are you yelling at me? 20 MR. TISI: Because I think this is bizarre. 21 MS. MILLER: Really? I think you're In MR. TISI: I simply asked 12 are there two definitions on the page, one for epidemiology. I did no task anything about the mission of the department, did I? 14 A real there two definitions on the page, one for epidemiology. I did no task anything about the mission of the department, did I? 15 MS. MILLER: She answered your question. 16 MR. TISI: She answered your question. 17 THE WITNESS: Actually, can I can I. You said two statements. It nowhere here says these are definitions. And I said I think I said two statements. It nowhere here says these are definitions. And I said I think I said two statements. It nowhere here says these are definitions. And I said I think I said two statements. It nowhere here says these are definitions. And I said I think I said two statements. It nowhere here says these are definitions. And I said I think I said two statements. It nowhere here says these are definitions. And I said I think I said two statements. It nowhere here says these are definitions. And okay. Q. Cranches eare two separate two separate statements be tatements? A. These are two separate statements statements. It now a definition and the page, one for pidemiology. I did not ask anything about the mission of the department who actually do have degrees in epidemiology, true? A. Yeah, there are two separate the sin much page the providing providing some providing the context In the page that provid		Page 238		Page 240
MR. TISI: Did I ask her mission? MS. MILLER: Did she not answer your question, sir? MR. TISI: Yes, but then she goes on a speech. MS. MILLER: You are pulling statements out of context MS. MILLER: and she's providing some context. She's providing the context MR. TISI: Counsel. MS. MILLER: Why are you yelling at me; and yelling at me; and yelling at me; and more approved this is bizarre. MR. TISI: I simply asked MR. TISI: She answered your question. THE WITNESS: Actually, can are there two definitions. And I said I think I said two statements. It nowhere here says these are definitions. And I said I think I said two statements. It nowhere here says these are definitions. And I said I definitions. MR. TISI: I fill the I'll let	1	biostatistics"	1	O. These are two separate
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4 MS. MILLER: Did she not answer your question, sir? 5 MR. TISI: Yes, but then she goes on a speech. 9 MS. MILLER: You are pulling statements out of context 11 MR. TISI: I'm not pulling 11 statements out of context. 12 it out of context 15 providing some context. She's providing some context. She's providing the context 16 MR. TISI: Counsel. 17 Counsel. 18 MS. MILLER: Why are you yelling at me? 20 MR. TISI: Because I think 20 whole roughly a many subjective of the department, did I? 21 think you're 22 MS. MILLER: Really? I 22 MR. TISI: I simply asked Page 239 Page 241 1 are there two definitions on the page, one for epidemiology. I did not ask anything about the mission of the department, did I? 3 mot ask anything about the mission of the department, did I? 4 of the department, did I? 5 MS. MILLER: She answered your question. 7 THE WITNESS: Actually, can I can I. You said two definitions. And I said I think I said two statements. It nowhere here says these are definitions. 10 Asked and answered four times or five. BY MR. TISI: Q. Are they separate statements? A. They are separate statements. Q. Thank you. A. Because MS. MILLER: Finish your sentence if you'd like to. THE WITNESS: Well, they are separate statements, because it says biostatistics and epidemiology on top. So, I mean, why wouldn't you have sort of two separate, you know BY MR. TISI: A. They are separate A. They are separate Statements. Q. Thank you. A. Because MS. MILLER: Finish your sentence if you'd like to. THE WITNESS: Well, they are separate statements, because it says biostatistics and epidemiology on top. So, I mean, why wouldn't you have sort of two separate, you know BY MR. TISI: A. Yeah, there are two separate Separate Q. Perfect. A descriptions. A. He is adjunct he is in my department my division I think. But it's unclear as to whether he belongs there, because we had a whole had a whole restructure of our department a while ago. And there were other				
5 MS. MILLER: Did she not 6 answer your question, sir? 7 MR. TISI: Yes, but then she 8 goes on a speech. 9 MS. MILLER: You are pulling 10 statements out of context				
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8 goes on a speech. 9 MS. MILLER: You are pulling 10 statements out of context 11 MR. TISI: I'm not pulling 11 it out of context. 12 it out of context. 13 MS. MILLER: and she's 14 providing some context. She's 15 providing the context 16 MR. TISI: Counsel. 16 MR. TISI: Counsel. 17 Counsel. 18 MS. MILLER: Why are you 19 yelling at me? 19 yelling at me? 20 MR. TISI: Because I think 21 think you're 22 MS. MILLER: Really? I 23 think you're 24 MR. TISI: I simply asked 25 MR. TISI: I simply asked 26 your question. 27 MS. MILLER: She answered 28 your question. 29 definitions. And I said I 10 think I said two statements. It 11 nowhere here says these are 12 definitions. 13 BY MR. TISI: 14 Q. Okay. 15 A. They are separate 15 statements. 10 A. They are separate 11 statements. 11 A. Because 12 MS. MILLER: Finish your 12 separate statements, because it 13 asys biostatistics and 14 says biostatistics and 15 says biostatistics and 16 THE WITNESS: Well, they are 17 separate syou know 18 Page 239 19 providing the context 10 A. They are separate 11 statements. 12 A. Because 14 MS. MILLER: Finish your 18 separate statements, because it 18 asys biostatistics and 19 volemiology on top. So, I mean, 19 why wouldn't you have sort of two 10 separate, you know 11 BY MR. TISI: 12 BY MR. TISI: 12 A. Yeah, there are two 11 A. Yeah, there are two 12 separate 14 A. Yeah, there are two 15 and A. Because 15 MS. MILLER: Finish your 18 says biostatistics and 19 volemiology, not op. So, I mean, 19 why wouldn't you have sort of two 18 says biostatistics and 19 vide periomiology on top. So, I mean, 19 why wouldn't you have sort of two 18 says biostatistics and 19 venicumions on the 12 page 249 10 A. They are separate 11 A. They are separate 11 A. Yeah, there are two 12 separate 13 A. Yeah, there are two 14 A. Teah there are two 15 A. They are separate. 16 A. Yeah, there are two 17 A. They are separate. 19 Q. Perfect. Now, the next 19 question is, there are people within your 19 department who actually do			1	
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18 let the judge and jury decide whether or 18 while ago. And there were other				
I 19 not these are definitions when it says I 19 divisions, and he belonged to a different				
\mathcal{I}				
20 "biostatistics is" and "epidemiology is." 20 division and got put into my				
We'll let them decide that. 21 Q. Does Dr. Gerber have a Ph.D.				-
MS. MILLER: What jury are 22 in epidemiology?				
23 you talking about? 23 A. She does have a Ph.D. in				
24 BY MR. TISI: 24 epidemiology and does and we talked	9/	BY MR. TISI:	24	epidemiology and does and we talked

61 (Pages 238 to 241)

Page 242		Page 244
	1	
		A. You read that correctly.
		Q. Would you please go to the
		next page and look down the page, and
	1	when you were asked that question, what
		did you say?
	1	A. So and I believe I
	1	answered this before.
		Q. I'm just asking what you
		said. Would you read into the record
		what you said.
		A. I will. I will.
•	1	Q. Thank you.
	1	A. And again, I'm just
		reiterating that this is
	1	Q. You don't need to reiterate.
		I'm just simply asking you what you said.
	1	A. So it says, "I'm Karla
		Ballman. I'm the division chief of
		biostatistics and epidemiology at Weill
		Cornell Medicine in New York City, and
statistics a lot of overlap, like with		obviously I'm a statistician."
biostatistics.		Q. Thank you.
Q. Doctor, I'm going to show	23	A. Let me point out that there
you what's marked as Exhibit Number 12.	24	are others here who also have MPH
Page 243		Page 245
This will be very quick.	1	degrees, and they identify themselves as
•		doctors.
		So again it depends upon
, , , , , , , , , , , , , , , , , , ,		what role you play within these
	5	committees.
Q. This is a portion of a	6	
	1	Q. Doctor, you are a member of
transcript from the Center For Devices	7	Q. Doctor, you are a member of SARC, what is SARC?
and Radiologic Health Medical Advisory	1	
	7	SARC, what is SARC?
and Radiologic Health Medical Advisory	7 8 9 10	SARC, what is SARC? A. SARC is the is a
and Radiologic Health Medical Advisory Committee that you sat on in June of	7 8 9	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018.	7 8 9 10 11 12	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma.
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that?	7 8 9 10 11 12 13	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the	7 8 9 10 11 12 13 14	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC.
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes.	7 8 9 10 11 12 13	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes. Q. And in the on Page 7 it	7 8 9 10 11 12 13 14	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for identification as Exhibit
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes. Q. And in the on Page 7 it says, from Dr. Nathan, it says fourth paragraph down, "Before we begin, I'd	7 8 9 10 11 12 13 14 15	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for identification as Exhibit Ballman-13.)
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes. Q. And in the on Page 7 it says, from Dr. Nathan, it says fourth	7 8 9 10 11 12 13 14 15	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for identification as Exhibit Ballman-13.) BY MR. TISI:
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and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes. Q. And in the on Page 7 it says, from Dr. Nathan, it says fourth paragraph down, "Before we begin, I'd like to ask our distinguished panel members and FDA staff seated at this table to introduce themselves. Please	7 8 9 10 11 12 13 14 15 16 17	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for identification as Exhibit Ballman-13.) BY MR. TISI: Q. Exhibit Number 13. Does it identify you as statistician at the top?
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes. Q. And in the on Page 7 it says, from Dr. Nathan, it says fourth paragraph down, "Before we begin, I'd like to ask our distinguished panel members and FDA staff seated at this table to introduce themselves. Please state your name, your area of expertise,	7 8 9 10 11 12 13 14 15 16 17 18	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for identification as Exhibit Ballman-13.) BY MR. TISI: Q. Exhibit Number 13. Does it identify you as statistician at the top? A. It does say statistician at
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes. Q. And in the on Page 7 it says, from Dr. Nathan, it says fourth paragraph down, "Before we begin, I'd like to ask our distinguished panel members and FDA staff seated at this table to introduce themselves. Please state your name, your area of expertise, your position, and your affiliation.	7 8 9 10 11 12 13 14 15 16 17 18 19 20	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for identification as Exhibit Ballman-13.) BY MR. TISI: Q. Exhibit Number 13. Does it identify you as statistician at the top? A. It does say statistician at the top. But it says I'm professor of
and Radiologic Health Medical Advisory Committee that you sat on in June of 2018. Do you see that? A. Well, I I see the document that you handed me, yes. Q. And in the on Page 7 it says, from Dr. Nathan, it says fourth paragraph down, "Before we begin, I'd like to ask our distinguished panel members and FDA staff seated at this table to introduce themselves. Please state your name, your area of expertise,	7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	SARC, what is SARC? A. SARC is the is a nonprofit organization that does research in sarcoma. Q. Okay. And there's a web page for you on SARC. (Document marked for identification as Exhibit Ballman-13.) BY MR. TISI: Q. Exhibit Number 13. Does it identify you as statistician at the top? A. It does say statistician at
	epidemiology Q. Now A in the same way as statistics a lot of overlap, like with biostatistics. Q. Doctor, I'm going to show you what's marked as Exhibit Number 12. Page 243 This will be very quick. (Document marked for identification as Exhibit Ballman-12.) BY MR. TISI:	about her work Q. I just asked you whether she had it. That's all. Simple question. A. Okay. I'm just trying to say that she feels she's more of a biostatistician. Q. I'm not asking what she feels, Doctor. I really am asking you, does she have a degree in epidemiology. A. She has a degree in epidemiology. Q. Does Dr does Professor Christos have a master's in epidemiology? A. I don't know. I believe it's in public health. Q. Okay. A. Which is different from epidemiology Q. Now A in the same way as statistics a lot of overlap, like with biostatistics. Q. Doctor, I'm going to show you what's marked as Exhibit Number 12. Page 243 This will be very quick. (Document marked for identification as Exhibit Ballman-12.) BY MR. TISI:

	Page 246		Page 248
1	research study design and analyses for	1	Q. This is the website of the
2	clinical trials."	2	American Statistical Association. And it
3	There's that overlap again	3	says the it says, "The American
4	with epidemiology.	4	Statistical Association is the world's
5	Q. Does it say anything about	5	largest community of statisticians. The
6	causation there?	6	Big 10 for statistics."
7	MS. MILLER: Objection.	7	Do you see that?
8	BY MR. TISI:	8	A. Yeah. I I just don't
9	Q. To say I'm an expert in	9	know. This is I I don't know where
10	analyzing whether or not substances cause	10	you pulled this off from the ASA. So I
11	disease?	11	mean, that's what it says on this
12	MS. MILLER: Objection.	12	particular page.
13	THE WITNESS: That that's	13	Q. And it has a directory, if
14	very specific.	14	you go to the last page, and you are
15	Let me say that if you	15	listed as a consultant.
16	BY MR. TISI:	16	Do you see that?
17	Q. Does it say that there?	17	A. Yes, I see that.
18	MS. MILLER: Objection.	18	Q. It has your phone number and
19	THE WITNESS: Well, it	19	your e-mail address and all the
20	doesn't say that there, but	20	information?
21	BY MR. TISI:	21	A. Yeah, mm-hmm.
22	Q. Thank you.	22	Q. Okay. Could you read
23	A it doesn't say many	23	read for the record what you identified
24	things that that I do.	24	to your colleagues as your areas of
	amigo and and I do.		to your concugues us your areas or
	Page 247		Page 249
1	Q. Are you a member of the	1	expertise?
2	redeate la la como a tha Amaria an Ctatistical		emperuse.
	what's known as the American Statistical	2	A. Biometrics, and
3	Association?	2 3	
			A. Biometrics, and
3	Association?	3	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and
3 4	Association? A. I am.	3 4	A. Biometrics, and biostatistics, and and data collection
3 4 5	Association? A. I am. Q. What is the American	3 4 5	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training.
3 4 5 6	Association? A. I am. Q. What is the American Statistical Association?	3 4 5 6	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else?
3 4 5 6 7	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association.	3 4 5 6 7	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures
3 4 5 6 7 8	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable	3 4 5 6 7 8	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point
3 4 5 6 7 8 9	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association.	3 4 5 6 7 8	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said,
3 4 5 6 7 8 9	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection.	3 4 5 6 7 8 9	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with
3 4 5 6 7 8 9 10	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And	3 4 5 6 7 8 9 10	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology.
3 4 5 6 7 8 9 10 11	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection.	3 4 5 6 7 8 9 10 11 12	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American
3 4 5 6 7 8 9 10 11 12 13 14	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI:	3 4 5 6 7 8 9 10 11 12 13	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American
3 4 5 6 7 8 9 10 11 12 13 14 15	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and	3 4 5 6 7 8 9 10 11 12 13 14 15	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you
3 4 5 6 7 8 9 10 11 12 13 14 15 16	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and epidemiologists. Okay.	3 4 5 6 7 8 9 10 11 12 13 14	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you said?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and epidemiologists. Okay. And the American Statistical	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you said? A. Did I say that?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and epidemiologists. Okay. And the American Statistical organization, is and I'm going to have	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you said? A. Did I say that? Q. I think it's in your I
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and epidemiologists. Okay. And the American Statistical organization, is and I'm going to have this marked as exhibit what is this,	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you said? A. Did I say that? Q. I think it's in your I think it's in your CV, your CV.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and epidemiologists. Okay. And the American Statistical organization, is and I'm going to have this marked as exhibit what is this, Exhibit 14?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you said? A. Did I say that? Q. I think it's in your I think it's in your CV, your CV. A. I'll have to look at my CV.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and epidemiologists. Okay. And the American Statistical organization, is and I'm going to have this marked as exhibit what is this, Exhibit 14? (Document marked for	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you said? A. Did I say that? Q. I think it's in your I think it's in your CV, your CV. A. I'll have to look at my CV. But I I did play some roles in there
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Association? A. I am. Q. What is the American Statistical Association? A. It's the American Statistical Association. Q. Is it a reputable organization of statisticians? MS. MILLER: Objection. THE WITNESS: And epidemiologists. BY MR. TISI: Q. Okay. And and epidemiologists. Okay. And the American Statistical organization, is and I'm going to have this marked as exhibit what is this, Exhibit 14?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Biometrics, and biostatistics, and and data collection procedures, operations research, and statistical training. Q. Anything else? A. Well, I just want to point out that again data collection procedures is is an area of epidemiology, and biometrics and biostatistics, as I said, also have considerable overlap with epidemiology. Q. By the way, the American you were an officer in the American Statistical Association, I think you said? A. Did I say that? Q. I think it's in your I think it's in your CV, your CV. A. I'll have to look at my CV.

63 (Pages 246 to 249)

1	Dama 250		Dama 252
	Page 250		Page 252
1	A. They were volunteer roles.	1	three-page exhibit. But the first
2	Q. Have you ever do you know	2	two pages are Page 1 of 2 and the
3	what it takes to be a fellow at the	3	last one is Page 2 of 2.
4	American Statistical Association?	4	Do you want me to pull out
5	A. No, I do not.	5	this so that it's an accurate
6	Q. Okay. Do you know that they	6	exhibit?
7	have a fellow program where colleagues	7	MR. TISI: That's fine.
8	have can nominate people with	8	Thank you.
9	distinguished careers in statistics for	9	MS. MILLER: So here we go.
10	membership in their organization?	10	I've pulled out the middle page,
11	A. I	11	and now we have Page 1 of 2 and
12	MS. MILLER: She just said	12	Page 2 of 2.
13	she doesn't know what it is.	13	BY MR. TISI:
14	MR. TISI: Then let's mark	14	Q. Okay. Have you ever been
15	it.	15	nominated as an ASA fellow, do you know?
16	THE WITNESS: Well, I I	16	A. I have no idea.
17	don't know the specifics of it.	17	Q. Okay. Have you are
18	But I I believe that's the	18	you are not an ASA fellow, are you?
19	purpose of and most fellowships	19	A. I am not an ASA fellow.
20	in any profession have that.	20	Q. Okay. And to be clear, an
21	(Document marked for	21	ASA fellow would be somebody whose
22	identification as Exhibit	22	contribution to the advancement of
23	Ballman-15.)	23	statistical science and places due weight
24	BY MR. TISI:	24	on public works, positions held with
	Page 251		Page 253
1	Q. I'm going to yeah.	1	Page 253 employer, ASA activities, membership and
2		1 2	employer, ASA activities, membership and accomplishments in societies, and
	Q. I'm going to yeah.	1	employer, ASA activities, membership and
2	Q. I'm going to yeah. Other than my and I I	2	employer, ASA activities, membership and accomplishments in societies, and
2	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is	2 3	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct?
2 3 4	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize.	2 3 4	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection.
2 3 4 5	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is a list from the website from the ASA. A. Mm-hmm.	2 3 4 5	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection. THE WITNESS: I am not.
2 3 4 5 6	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is a list from the website from the ASA. A. Mm-hmm. MR. TISI: I only have one	2 3 4 5 6	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection. THE WITNESS: I am not. MS. MILLER: Please.
2 3 4 5 6 7 8 9	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is a list from the website from the ASA. A. Mm-hmm. MR. TISI: I only have one copy I printed out this morning,	2 3 4 5 6 7 8 9	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection. THE WITNESS: I am not.
2 3 4 5 6 7 8	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is a list from the website from the ASA. A. Mm-hmm. MR. TISI: I only have one	2 3 4 5 6 7 8 9	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection. THE WITNESS: I am not. MS. MILLER: Please.
2 3 4 5 6 7 8 9 10	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is a list from the website from the ASA. A. Mm-hmm. MR. TISI: I only have one copy I printed out this morning, I'm sorry, Counsel, if you would share it.	2 3 4 5 6 7 8 9 10	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection. THE WITNESS: I am not. MS. MILLER: Please. THE WITNESS: You read that correctly. I am not a fellow. BY MR. TISI:
2 3 4 5 6 7 8 9 10 11	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is a list from the website from the ASA. A. Mm-hmm. MR. TISI: I only have one copy I printed out this morning, I'm sorry, Counsel, if you would share it. BY MR. TISI:	2 3 4 5 6 7 8 9 10 11	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection. THE WITNESS: I am not. MS. MILLER: Please. THE WITNESS: You read that correctly. I am not a fellow.
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2 3 4 5 6 7 8 9 10 11 12 13	Q. I'm going to yeah. Other than my and I I sent this to my e-mail address, and I apologize. But other than that, this is a list from the website from the ASA. A. Mm-hmm. MR. TISI: I only have one copy I printed out this morning, I'm sorry, Counsel, if you would share it. BY MR. TISI: Q. It says, "A designation of	2 3 4 5 6 7 8 9 10 11 12 13 14 15	employer, ASA activities, membership and accomplishments in societies, and professional activities. And you are not you have you are not a fellow, correct? MS. MILLER: Objection. THE WITNESS: I am not. MS. MILLER: Please. THE WITNESS: You read that correctly. I am not a fellow. BY MR. TISI: Q. In applying for funds actually let me stop for a second.
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64 (Pages 250 to 253)

	Page 254		Page 256
1	department?	1	A. I have been to many
2	MS. MILLER: Objection.	2	professional and public meetings, I don't
3	BY MR. TISI:	3	know if I've ever stood up and said with
4	Q. As you are describing	4	certainty I cannot answer if I've ever
5	yourself, in a in a grant that you	5	stood up and said that.
6	have ever given for any purpose?	6	I do have to say that when
7	MS. MILLER: You just kicked	7	people hear biostatistics and clinical
8	me. Objection.	8	research, they intertwine epidemiology
9	MR. TISI: I apologize.	9	and biostatistics, so
10	THE WITNESS: I I have	10	Q. But you have never
11	been on so many grant and grant	11	represented to your colleagues
12	applications that I cannot off the	12	affirmatively, "I, Karla Ballman, an
13	top of my head tell you whether or	13	epidemiologist"?
14	not I have ever said I am an	14	MS. MILLER: Objection.
15	epidemiologist.	15	THE WITNESS: Again, in
16	BY MR. TISI:	16	situations and studies I'm in, by
17	Q. Have you ever to your	17	saying a biostatistics and knowing
18	knowledge ever stood up in a public	18	that I do cancer research, they
19	meeting and said, "I, Karla Ballman, is	19	know what that means and they know
20	an I am an epidemiologist"?	20	it involves study design. As you
21	MS. MILLER: Objection.	21	can look in my CV, I have many
22	BY MR. TISI:	22	case-control I've done
23	Q. Like you did before, and	23	case-control studies. I've done
24	say, "I'm a statistician"?	24	cohort studies. I've done
	3 /		
	Page 255		Page 257
1	MS. MILLER: Objection.	1	BY MR. TISI:
2	BY MR. TISI:	2	Q. Okay. Your department, your
3	Q. Have you ever told your	3	department offers a two-month review
4	colleagues, "I am an epidemiologist"?	4	course in epidemiology, taught by
5	MS. MILLER: It's really	5	Dr. Christos. Do you know that? In
6	hard, because I don't know when	6	October/November of every year?
7	your question ends. Because you	7	A. Is it called a review
8	ask a question, and then I object,	8	course?
9	and then you keep going.	9	Q. Yes.
10	MR. TISI: Okay. Fine. I'm	10	A. I'm just having some and
11	sorry.	11	can I see where you are getting at and
12	MS. MILLER: It's a very	12	what it is?
13	complicated	13	Q. Exhibit 16.
14	MR. TISI: I'm sorry it's	14	A. I just want to see what
15	hard.	15	program it's a part of. I'm not
16	MS. MILLER: record. But	16	disputing that.
17	it's not fair to the witness,	17	(Document marked for
18	because I don't do you know	18	identification as Exhibit
19	what question	19	Ballman-16.)
20	THE WITNESS: I'll	20	THE WITNESS: Is it part of
21	BY MR. TISI:	21	the CTSC program?
		22	MR. TISI: Honestly, I've
22	Q. Have you ever stood up in a		
22 23	public professional meeting and said, "I,	23	got to I thought it was here.
22			

65 (Pages 254 to 257)

	Page 258		Page 260
1	Q. This is Exhibit Number 17,	1	Q. I'm asking with the title
2	which is the list of courses that I got	2	of the course. I'm not asking the
3	from the Weill Cornell website.	3	content now. So you made that very
4	A. I see, okay.	4	clear, that it overlaps, and the record
5	Q. Do you see where I'm	5	is clear on that.
6	referring to?	6	I'm asking you have you ever
7	A. Are you go ahead. Ask	7	taught a course with the word
8	your question. I'll let you say it.	8	"epidemiology" in it?
9	MS. MILLER: This is 17.	9	A. I do not believe I've taught
10	Catherine saying she says that she	10	a course with epidemiology in it. Most
11	doesn't believe there's a 16, that	11	of those courses would be intro courses,
12	you went from 15 to 17. Is that	12	and when I teach intro courses, I come at
13	correct?	13	it and teach it from the biostats side.
14	MR. SOILEAU: He referenced	14	That includes epidemiology as a part of
15	a 16, but then essentially	15	it. But I have not taught an
16	withdrew it and moved to a new	16	epidemiology 101 course. No, I've not
17	document and marked it as 17.	17	had a course with epidemiology in the
18	MR. TISI: So why don't we	18	title.
19	mark it as 16.	19	Q. In fact in fact, the only
20	MS. MILLER: Why don't we	20	two courses that you taught at Cornell
21	mark it 16 for clarity going	21	Weill are introduction to biostatistics
22	forward. Thank you, Catherine.	22	and biostatistics 1?
23	BY MR. TISI:	23	A. I'm trying to remember the
24	Q. So to be clear, this is the	24	titles. And, again, I don't know where
			Page 261
1	list of courses that are offered by the	1	you're getting that information from. So
2	Weill Cornell Medical Center in	2	I want to make sure the titles are
3	biostatistics and epidemiology?		
		3	correct.
4	A. I don't know. Because Madhu	4	MS. MILLER: Is that in your
5	A. I don't know. Because Madhu Mazumdar who is listed there, that was	4 5	MS. MILLER: Is that in your CV?
5 6	A. I don't know. Because Madhu Mazumdar who is listed there, that was the individual I replaced. So I don't	4 5 6	MS. MILLER: Is that in your CV? MR. TISI: It is.
5 6 7	A. I don't know. Because Madhu Mazumdar who is listed there, that was the individual I replaced. So I don't know where I mean, his is not	4 5 6 7	MS. MILLER: Is that in your CV? MR. TISI: It is. THE WITNESS: Okay. If it's
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5 6 7 8 9 10	A. I don't know. Because Madhu Mazumdar who is listed there, that was the individual I replaced. So I don't know where I mean, his is not reflective of anything we're Q. You see the date on top is three March 2019. I mean, it's off	4 5 6 7 8 9	MS. MILLER: Is that in your CV? MR. TISI: It is. THE WITNESS: Okay. If it's in my CV. Thank you. And if I have only taught two courses. I am not quibbling about that.
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5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I don't know. Because Madhu Mazumdar who is listed there, that was the individual I replaced. So I don't know where I mean, his is not reflective of anything we're Q. You see the date on top is three March 2019. I mean, it's off the website. I don't know what to tell you, other than that's where I got it. A. Yeah, I agree. I don't know what to tell you either. But that just shows you that we don't keep our website up to date. But Madhu Mazumdar has not been at Weill Cornell for almost four years, if not more than four years so. Q. Let me ask you this. Have you ever taught a course with the word "epidemiology" in it? MS. MILLER: Objection. In	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	MS. MILLER: Is that in your CV? MR. TISI: It is. THE WITNESS: Okay. If it's in my CV. Thank you. And if I have only taught two courses. I am not quibbling about that. BY MR. TISI: Q. Thank you. A. I'm just trying to see, you know, if it says intro to biostats or okay. Yeah one is part of the executive MBA/MS program. And the other is part of our biostatistics and data science program. Those are two courses that I have taught at Weill Cornell. Q. Does Weill Cornell offer a Ph.D. or an MPH in epidemiology? A. Weill Cornell itself?

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1	Page 262		Page 264
1	Q. Does and Cornell only	1	A. But the
2	offers epidemiology as a minor, correct?	2	Q. But let's let
3	A. I I couldn't comment on	3	MS. MILLER: That's not what
4	that. I don't know what the main campus	4	he said.
5	offers.	5	THE WITNESS: He didn't say
6	MS. MILLER: Were you asking	6	the methodology differed.
7	Cornell, as in not Weill Cornell	7	MR. TISI: Let's let's
8	but undergraduate? You said as	8	move on.
9	in undergraduate courses?	9	THE WITNESS: He said the
10	MR. TISI: I said in	10	individual risk factors differed
11		11	
12	Cornell, regular Cornell, the	12	is my understanding. MS. MILLER: She said in
13	Cornell upstate in Ithaca.	13	
	BY MR. TISI:	1	terms of how one would evaluate
14	Q. To be clear, you have no	14	factors. You're mischaracterizing
15	publications on ovarian cancer, correct?	15	her testimony.
16	MS. MILLER: Objection.	16	BY MR. TISI:
17	Asked and answered.	17	Q. Are there any publications
18	THE WITNESS: I have no	18	on your CV related to talc?
19	publications that have I	19	A. No, there are not.
20	believe, that are on ovarian	20	Q. Any publications even
21	cancer.	21	mention talc and cancer in the same
22	BY MR. TISI:	22	article?
23	Q. Any publications on the risk	23	MS. MILLER: Objection.
24	factors for ovarian cancer?	24	We've been through this.
	Page 263		Page 265
1	MS. MILLER: Objection.	1	THE WITNESS: I cannot say
2	THE WITNESS: Again, I just	2	that with certainty.
3	said I have no publications in	3	I you know, it's
4	ovarian cancer. I have	4	definitely not in the title, but I
5	publications on that evaluate	5	can't say for sure if if there
6	risk factors for many other	6	was talc somewhere mentioned in
7	cancers.	7	all 200 publications. I don't
8	BY MR. TISI:	8	know with certainty.
9	Q. But not ovarian?	9	BY MR. TISI:
10	A. Not ovarian, per se, but	10	Q. Any publications about
11	ovarian cancer is not any different from	11	asbestos?
12	other cancers in terms of how one would	12	A. No.
13	evaluate risk factors.	13	Q. Any publications about
14	Q. That's not what Dr. Neel	14	asbestos and ovarian cancer?
15	told us the other day. So we'll have to	15	A. Again, there are no
16	see whether he's right or you're right.	16	publications in ovarian cancer. So no.
17	A. Can you show me that	17	Q. Any publications where you
. ,	statement? I believe he was talking	18	
	about that there's issues about different	19	reviewed evidence regarding causation for
18	anno mar mere e reches anom minerem	エフ	any disease through a Bradford Hill
18 19		20	avidalina?
18 19 20	subtypes of ovarian cancer. I didn't see	20	guideline?
18 19 20 21	subtypes of ovarian cancer. I didn't see that and that I don't think he said	21	A. So that is a little harder
18 19 20 21 22	subtypes of ovarian cancer. I didn't see that and that I don't think he said that	21 22	A. So that is a little harder to to I'll have to go through and
18 19 20 21	subtypes of ovarian cancer. I didn't see that and that I don't think he said	21	A. So that is a little harder

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	Page 266		Page 268
1	not I discuss any of the publications	1	in publication, in some of my
2	discuss causation.	2	publications, as I used in this analysis.
3	I know I have publications	3	Q. Do you think that if I went
4	that establish associations with things.	4	through each and every article there
5	And we just don't go any further, because	5	would be any mention of Bradford Hill?
6	association is not causation and there	6	A. I'm not sure with
7	was no reason to establish whether it was	7	100 percent certainty. But that may well
8	causal or not.	8	be the case. Just again, because it
9	Q. Right. So my question is,	9	doesn't say Bradford Hill does not mean
10	have you ever done an article where you	10	that the underlying methodology that was
11	did what you did here, which is look at	11	used was not based on the Bradford Hill
12	all the evidence, try to synthesize it	12	framework.
13	and determine whether or not there's	13	Q. Isn't it true that your
14	cause and effect that you can think of?	14	contribution to the vast majority of your
15	MS. MILLER: Objection.	15	200-plus articles is statistical design
16	THE WITNESS: So I would	16	and statistical evaluation and to the
17	have to say that I believe there	17	statistical methods you used in the paper
18	are articles here that we have	18	and that you are not either the first
19	established association and we	19	author or the last author?
20	realize that it it didn't merit	20	MS. MILLER: Objection.
21	going through Bradford Hill	21	That's like very, very, very
22	because it was because of the	22	compound.
23	methodology we did, that, you	23	THE WITNESS: I don't quite
24	know, we weren't we didn't	24	understand the question. I mean,
	Page 267		Page 269
1	think there it was sufficient	1	I can point out to numerous
2	to, like perhaps the odds the	2	publications, like, for clinical
3	risk ratio was like 1.3 or	3	trials. Typically, the first
4	something, pretty small.	4	author is the chair of the
5	BY MR. TISI:	5	clinical trial. The second author
6	Q. Okay. And so the answer to	6	is the the statistician that is
7	my question is, because of the results	1 7	
		7	on the clinical trial, to
8	that you got in your studies, you have	8	on the clinical trial, to recognize their role in the design
9	never done in your published literature a	8 9	recognize their role in the design of the study, as well as the
9 10	never done in your published literature a full-blown Bradford Hill causation	8 9 10	recognize their role in the design of the study, as well as the interpretation of the data.
9 10 11	never done in your published literature a full-blown Bradford Hill causation analysis because you didn't get that far?	8 9 10 11	recognize their role in the design of the study, as well as the interpretation of the data. BY MR. TISI:
9 10 11 12	never done in your published literature a full-blown Bradford Hill causation analysis because you didn't get that far? MS. MILLER: Objection.	8 9 10 11 12	recognize their role in the design of the study, as well as the interpretation of the data. BY MR. TISI: Q. My question is
9 10 11 12 13	never done in your published literature a full-blown Bradford Hill causation analysis because you didn't get that far? MS. MILLER: Objection. That mischaracterizes the	8 9 10 11 12 13	recognize their role in the design of the study, as well as the interpretation of the data. BY MR. TISI: Q. My question is MS. MILLER: She's answering
9 10 11 12 13 14	never done in your published literature a full-blown Bradford Hill causation analysis because you didn't get that far? MS. MILLER: Objection. That mischaracterizes the testimony.	8 9 10 11 12 13 14	recognize their role in the design of the study, as well as the interpretation of the data. BY MR. TISI: Q. My question is MS. MILLER: She's answering your question.
9 10 11 12 13 14 15	never done in your published literature a full-blown Bradford Hill causation analysis because you didn't get that far? MS. MILLER: Objection. That mischaracterizes the testimony. BY MR. TISI:	8 9 10 11 12 13 14 15	recognize their role in the design of the study, as well as the interpretation of the data. BY MR. TISI: Q. My question is MS. MILLER: She's answering your question. MR. TISI: You're not
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	Page 270		Page 272
1	check, it's certainly under ten, where	1	meta-analyses that I can count. She has
2	you were either the first or last author.	2	six published in JAMA. JAMA is a high
3	Would that be about accurate?	3	impact journal, would you agree?
4	MS. MILLER: Objection.	4	A. Yes, JAMA is a high impact
5	THE WITNESS: Yeah, I I	5	journal.
6	don't know. I mean, if you say	6	Q. Right. She has two
7	you counted it, I can go through	7	meta-analyses in high impact journals.
8	and count. But I'm just not sure.	8	Can you tell me whether or not you've
9	I'm trying to answer sort of what	9	ever published a meta-analysis in any
10	my role is in these studies.	10	high impact journal?
11	BY MR. TISI:	11	A. Can you show me those
12	Q. It would	12	references to the meta-analyses that she
13	A. And again, you don't know	13	published?
14	this field, but in clinical trials, I	14	Q. 47 47 she or you?
15	would never be the first and last author	15	A. Not me. Hers.
16	because I am not the study chair.	16	Q. I'm asking about yours.
17	The role what shows the	17	MS. MILLER: But you asked
18	contribution of me is the second	18	about
19	position, and there are many where I am	19	THE WITNESS: No, you asked
20	the second position. And in fact, on	20	about her.
21	things that have changed practice.	21	MS. MILLER: You said she
22	Q. You have criticized	22	
23	•	23	has six published in JAMA. Would
24	Dr. Smith-Bindman and her meta-analysis, correct?	24	you agree?
24	correct?	24	MR. TISI: No, I said two.
	Page 271		Page 273
			1496 273
1	A. I I show where I think	1	BY MR. TISI:
1 2	A. I I show where I think there are some limitations in her	1 2	
	there are some limitations in her		BY MR. TISI: Q. No, I didn't ask I said I
2	there are some limitations in her analyses, yes.	2	BY MR. TISI: Q. No, I didn't ask I said I will represent to you that she has two
2 3 4	there are some limitations in her analyses, yes. Q. Well, you said that they	2 3	BY MR. TISI: Q. No, I didn't ask I said I will represent to you that she has two published in JAMA. She has six
2 3 4 5	there are some limitations in her analyses, yes. Q. Well, you said that they were flawed. I think that's you used	2 3 4	BY MR. TISI: Q. No, I didn't ask I said I will represent to you that she has two published in JAMA. She has six meta-analyses published total.
2 3 4 5 6	there are some limitations in her analyses, yes. Q. Well, you said that they were flawed. I think that's you used the word flawed.	2 3 4 5 6	BY MR. TISI: Q. No, I didn't ask I said I will represent to you that she has two published in JAMA. She has six meta-analyses published total. MS. MILLER: I'm looking at
2 3 4 5 6 7	there are some limitations in her analyses, yes. Q. Well, you said that they were flawed. I think that's you used the word flawed. A. I may have used the word	2 3 4 5	BY MR. TISI: Q. No, I didn't ask I said I will represent to you that she has two published in JAMA. She has six meta-analyses published total. MS. MILLER: I'm looking at the realtime. It says, "You have
2 3 4 5 6 7 8	there are some limitations in her analyses, yes. Q. Well, you said that they were flawed. I think that's you used the word flawed. A. I may have used the word "flawed."	2 3 4 5 6 7	BY MR. TISI: Q. No, I didn't ask I said I will represent to you that she has two published in JAMA. She has six meta-analyses published total. MS. MILLER: I'm looking at the realtime. It says, "You have published you've been on
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2 3 4 5 6 7 8 9 10 11	there are some limitations in her analyses, yes. Q. Well, you said that they were flawed. I think that's you used the word flawed. A. I may have used the word "flawed." Q. Do you know that Dr. Smith-Bindman, unlike yourself, is actually submitting her analysis to peer review. Does that surprise you?	2 3 4 5 6 7 8 9 10 11	BY MR. TISI: Q. No, I didn't ask I said I will represent to you that she has two published in JAMA. She has six meta-analyses published total. MS. MILLER: I'm looking at the realtime. It says, "You have published you've been on articles or three meta-analyses that I can count. She has six published in JAMA. JAMA is a high impact journal. Would you agree?"
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	Page 274		Page 276
1	Q. Is that important?	1	MR. TISI: I understand.
2	A. I don't know. I just want	2	I'm almost done. The food is
3	to see what the titles are of the	3	not
4	Q. Then let's talk about you.	4	MS. MILLER: I think we've
5	A articles.	5	just been going an hour. It's a
6	Q. Let's talk about you. In	6	good time to break.
7	your three published meta-analyses,	7	MR. TISI: I understand.
8	Number 47, 68, and 142 on your CV, were	8	I'm just at the end of the
9	you the lead designer of the study?	9	MS. MILLER: Okay. Great.
10	A. I was	10	MS. SHARKO: Did you miss
11	MS. MILLER: Do you want to	11	me?
12	see?	12	BY MR. TISI:
13	BY MR. TISI:	13	Q. The next one is which one,
14	Q. 47, 68, and 142.	14	68?
15	A. Thank you. Yeah, yeah,	15	A. And I see that one.
16	yeah.	16	Q. And that's which one is
17	MS. MILLER: Would it be on	17	that one? Is that O'Sullivan, or is that
18	this list? I found the 47.	18	142?
19	THE WITNESS: No, it's not	19	A. No, 68 is Witt, Gami,
20	that list.	20	Ballman, Brown.
21	MS. MILLER: There's so many	21	Q. And the other one is 142
22	lists.	22	is O'Sullivan.
23	THE WITNESS: It would be my	23	A. Yes.
24	CV maybe? Is that what you're	24	(Document marked for
	e v maybe. Is that what you're		(Document marked for
	2 000		
	Page 275		Page 277
1		1	
1 2	talking about my CV? MR. TISI: Let me see it.	1 2	Page 277 identification as Exhibit Ballman-17.)
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2	talking about my CV? MR. TISI: Let me see it. MS. MILLER: Is this the	2	identification as Exhibit Ballman-17.) BY MR. TISI:
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	talking about my CV? MR. TISI: Let me see it. MS. MILLER: Is this the document? It's 47, Witt, Ballman. THE WITNESS: That's one. MS. MILLER: So then I think this is maybe the right list. THE WITNESS: Yeah, I see it. MS. MILLER: Okay. Great. THE WITNESS: Again, you see I'm second. So that means I played a very integral role in this BY MR. TISI: Q. That's Number 47? A. Yep. Q. And what's that one called? A. "The Incidence of Stroke After Myocardial Infarction: A Meta-Analysis."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	identification as Exhibit Ballman-17.) BY MR. TISI: Q. I'm going to hand you O'Sullivan. Did you play a substantial role in the meta-analysis which is 142, the O'Sullivan meta-analysis? A. What do you mean by a substantial role? Q. Did you design it? A. I was part of the group, so this is actually a pooled analyses. Q. It says meta-analysis in the title. A. Yeah. So you can't get everything out of titles, right? So a pooled analysis is a type of meta-analysis. It's a much stronger meta-analysis in the sense that what happens is you get individual patient level data.

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Page 278 1 and that's Herceptin for women that have 1 times. 2 HER2 positive breast cancer. I control 2 BY MR. TISI:	
2 HER2 positive breast cancer. I control 2 BY MR. TISI:	Page 280
2 HER2 positive breast cancer. I control 2 BY MR. TISI:	
3 the data for one of the big trials in 3 Q. I'm asking you	I'm asking
4 trastuzumab. 4 you whether or not you, by	training and
5 And so I was part of this 5 experience, you think you h	
6 group that just came together and said, 6 qualifications than Dr. Smi	
7 wow, we should use all this data, pool it 7 A. I can't answer that	
8 together to address a rare type of 8 mean, I don't know. I mean	n, I would have
9 situation, which was done here. 9 to go through and look at a	
10 Q. Did you do any of the 10 the stuff she's done. My on	
11 writing of this? 11 to her was the study that sh	
12 A. I I did not do the first 12 I don't think it was done pa	
draft, but I did go through and make 13 well.	,
revisions and comments. 14 Q. The one she's sub	mitting for
15 Q. Isn't it true that you were 15 peer review?	
16 identified as primarily the collection 16 A. Has she submitted	lit? Has
and assembly of data? 17 it been published? I wonder	
18 A. That was probably the 18 be published actually.	a ii it wiii
19 biggest role that I played in this study. 19 Q. Well, we'll have to	o see how
20 But I did yeah. 20 that goes.	o see now
21 Q. Isn't that kind of what 21 MR. TISI: I am	thic ic
Q. Isin v unit imite of white	
j j	101
	DUED. The time
24 done, you're primarily the collection of 24 THE VIDEOGRA	rhek. The unie
Page 279	Page 281
1 data? 1 is 12:49 p.m. Off th	e record.
2 A. No, that's not true. 2	
3 Q. Okay. So the other two 3 (Lunch break.)	
4 would be ones that you did more than 4	
	CECCION
5 that, 47 and 58? 5 AFTERNOON	BEBBION
'	SESSION
6 A. Well, you know 6	
6 A. Well, you know 6	APHER: We are
6 A. Well, you know 6 7 Q. 47 and 68. Excuse me. 7 THE VIDEOGR 8 A. Yes, I mean I I I 8 back on the record.	APHER: We are
6 A. Well, you know 7 Q. 47 and 68. Excuse me. 8 A. Yes, I mean I I I 9 it's sort of it's a whole 6 7 THE VIDEOGR 8 back on the record. 9 1:27 p.m.	APHER: We are
6 A. Well, you know 6 7 Q. 47 and 68. Excuse me. 7 THE VIDEOGR 8 A. Yes, I mean I I I 8 back on the record. 7 9 it's sort of it's a whole 9 1:27 p.m. 10 collaborative thing. It's not like, you 10	APHER: We are The time is
6 A. Well, you know 7 Q. 47 and 68. Excuse me. 8 A. Yes, I mean I I I 9 it's sort of it's a whole 10 collaborative thing. It's not like, you 11 know, this is a service that you're 16 7 THE VIDEOGR 8 back on the record. 127 p.m. 127 p.m. 128 p.m. 129 p.m. 110 EXAMINATION	APHER: We are The time is
A. Well, you know Q. 47 and 68. Excuse me. A. Yes, I mean I I I 9 it's sort of it's a whole 10 collaborative thing. It's not like, you 11 know, this is a service that you're 12 trying to imply. It's a scientific 16 7 THE VIDEOGR back on the record. 9 1:27 p.m. 10 11 EXAMINATION 12	APHER: We are The time is
A. Well, you know Q. 47 and 68. Excuse me. A. Yes, I mean I I I 9 it's sort of it's a whole 10 collaborative thing. It's not like, you 11 know, this is a service that you're 12 trying to imply. It's a scientific 13 endeavor that's done as a collaborative 16 8 back on the record. 9 1:27 p.m. 10 EXAMINATION 12 13 BY MR. TISI:	APHER: We are The time is N (Cont'd.)
A. Well, you know Q. 47 and 68. Excuse me. A. Yes, I mean I I I 9 it's sort of it's a whole 10 collaborative thing. It's not like, you 11 know, this is a service that you're 12 trying to imply. It's a scientific 13 endeavor that's done as a collaborative 14 experience among various different 6 7 THE VIDEOGR 8 back on the record. 9 1:27 p.m. 10 EXAMINATION 11 EXAMINATION 12 13 BY MR. TISI: 14 Q. Doctor, before I	APHER: We are The time is N (Cont'd.)
A. Well, you know Q. 47 and 68. Excuse me. A. Yes, I mean I I I it's sort of it's a whole collaborative thing. It's not like, you know, this is a service that you're trying to imply. It's a scientific endeavor that's done as a collaborative scientists with different expertise. 6	APHER: We are The time is N (Cont'd.)
A. Well, you know Q. 47 and 68. Excuse me. A. Yes, I mean I I I 9 it's sort of it's a whole 10 collaborative thing. It's not like, you 11 know, this is a service that you're 12 trying to imply. It's a scientific 13 endeavor that's done as a collaborative 14 experience among various different 15 scientists with different expertise. 16 Q. Do you think you're as 6 THE VIDEOGR 8 back on the record. 9 1:27 p.m. 10 EXAMINATION 11 EXAMINATION 12 13 BY MR. TISI: 14 Q. Doctor, before I 15 want to finish up talking qualifications. I want to	APHER: We are The time is N (Cont'd.)
A. Well, you know Q. 47 and 68. Excuse me. A. Yes, I mean I I I 9 it's sort of it's a whole 10 collaborative thing. It's not like, you 11 know, this is a service that you're 12 trying to imply. It's a scientific 13 endeavor that's done as a collaborative 14 experience among various different 15 scientists with different expertise. 16 Q. Do you think you're as 17 just have one do you think you have 6 7 THE VIDEOGR 8 back on the record. 7 EXAMINATION 1:27 p.m. 10 11 EXAMINATION 12 13 BY MR. TISI: 14 Q. Doctor, before I 15 want to finish up talking 16 qualifications. I want to 17 new topic here.	APHER: We are The time is N (Cont'd.) lunch I about your move onto a
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A. Well, you know Q. 47 and 68. Excuse me. A. Yes, I mean I I I Gollaborative thing. It's not like, you In trying to imply. It's a scientific Reperience among various different Scientists with different expertise. Q. Do you think you have In the VIDEOGR Brack on the record. The VIDEOGR Brack on the VIDEOGR Brack	APHER: We are The time is N (Cont'd.) unch I about your move onto a a about two uestions I think then we're going
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	Page 282		Page 284
1	cohort studies, just to kind of give you	1	being used.
2	a little bit of roadmap of where I'm	2	BY MR. TISI:
3	going. All right?	3	Q. And that's a that's a
4	Bradford Hill, we can both	4	_
		1	methodologic flaw that you identified
5	agree, we've used the word criteria, but	5	that you think the plaintiffs' experts
6	we both agree that these are this	6	didn't adequately consider the that
7	is these are guidelines, correct?	7	that cohort studies are higher on the
8	A. I call it a framework.	8	evidentiary ladder than case-control
9	Q. Okay. And just to be clear,	9	studies, true?
10	you use the word criteria. And I've	10	A. I I believe that some of
11	actually used it in my in my	11	plaintiffs' experts just sort of, just
12	questions.	12	flat out say that case-controlled studies
13	When you use the word	13	have the higher evidence than the cohort
14	criteria, we really are talking about,	14	studies.
15	these are different considerations that	15	Q. Let's talk about that for a
16		16	~
10 17	should be looked at when you're looking	17	moment. On Page 3, on your your
	at the question of causation generally.		excuse me. On your conclusion, we it
18	A. Yeah. So Bradford Hill has	18	talks about the levels of evidence. Do
19	nine different considerations that one	19	you remember, you we we talked
20	should consider with within the	20	about that, that's Exhibit Number 2. You
21	framework of doing a Bradford Hill	21	actually mention it in your conclusion,
22	analysis.	22	right?
23	Q. Right. And just just to	23	A. So I'm sorry, where
24	be clear for the record, this isn't like	24	where
	Page 283		Page 285
1		1	
	a cookbook or a mathematical formula.		Q. It's the second sentence, it
2	a cookbook or a mathematical formula. Bradford Hill is is a balancing of the	2	Q. It's the second sentence, it says, "In assessing studies for the level
2	a cookbook or a mathematical formula. Bradford Hill is is a balancing of the evidence using that that framework as	2 3	Q. It's the second sentence, it says, "In assessing studies for the level of evidence in the data."
2 3 4	a cookbook or a mathematical formula. Bradford Hill is is a balancing of the evidence using that that framework as a guideline?	2 3 4	Q. It's the second sentence, it says, "In assessing studies for the level of evidence in the data." A. Okay.
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2 3 4 5 6 7	a cookbook or a mathematical formula. Bradford Hill is is a balancing of the evidence using that that framework as a guideline? MS. MILLER: Objection. THE WITNESS: So I mean, research is not a cookbook. But,	2 3 4 5 6 7	Q. It's the second sentence, it says, "In assessing studies for the level of evidence in the data." A. Okay. Q. And we agreed A. Yeah. So I used that word. Yeah, I used that word.
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2 3 4 5 6 7 8 9 10 11 12 13	a cookbook or a mathematical formula. Bradford Hill is is a balancing of the evidence using that that framework as a guideline? MS. MILLER: Objection. THE WITNESS: So I mean, research is not a cookbook. But, you know, one can apply Bradford Hill I mean I think there's incorrect ways of applying Bradford Hill. BY MR. TISI: Q. Okay. And one of them,	2 3 4 5 6 7 8 9 10 11 12 13	Q. It's the second sentence, it says, "In assessing studies for the level of evidence in the data." A. Okay. Q. And we agreed A. Yeah. So I used that word. Yeah, I used that word. Q. And we agreed before that the level of evidence you were talking about was prospective case-controlled prospective cohort studies versus case controls? A. No, no, no. That's not
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1 A. "Cohort studies provide stronger evidence do" "than do case-control studies." 4 That's stated there, yes. 5 Q. Okay. And you think that's a general epidemiologic principle, correct? 8 A. I. do. 9 Q. And you repeat that repeatedly throughout your report, correct? 10 correct? 11 correct? 12 A. I - I may state it several 11 correct? 13 times. 14 Q. Okay. Let's let's look 14 remains a term. 16 First of all, if you go to 17 Page 4 of your report, you talk about the levels of evidence with increasing 19 reliability. It says, on "Figure 1 10 illustrates the level of evidence with 21 each trial design with increasing 22 evidence moving up the pyramid." 23 Do you see that? 24 A. I do. See that. Page 287 Q. And then you have a pyramid? 25 A. Yes. 26 A. Yes. Q. Okay. And you have kind of bright lines between the two, to really differentiate for the reader, that there reported. The studies are established principles. 26 Correct MS. MILLER: Objection. 27 By Mr. TISI: 28 D. Hat that cohort 19 studies are are theter than 19 case-control studies, are better than 19 case-control studies? 29 Colvay. And what is the 19 different study 19 different study 19 different study 19 different study 19 designs compared to each other in terms 10 or - of the level of evidence that 21 or - of the level of evidence that 22 or of the level of evidence that 23 or of the different study 24 and there's meta-analysis, and by that 25 or studies. 29 Q. Okay. And what is the 10 give a 10 or 10 the level of evidence that 27 or 10 the level of evidence that 28 or 10 the different study 29 designs compared to each other in terms 29 or - of the level of evidence that 29 or of the different study 29 designs compared to each other in terms 20 or or of the level of evidence that 29 or of the different study 20 or of the level of evidence that 29 or of the different study 20 or of the different study 21 or of the level of evidence that 20 or of the level of evidence that 20 or of the level of evidence that 20 or of the level of ev		Daga 296		Daga 200
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20 illustrates the level of evidence with 21 each trial design with increasing 22 evidence moving up the pyramid." 23 Do you see that? 24 A. I do see that. Page 287 Page 289 1 Q. And then you have a pyramid? 2 A. I do. 3 Q. Okay. And what is the 4 purpose of this illustration that you 5 included in your report on Page 4? 6 A. Just just to to give a 7 visual for how the different study 8 designs compared to each other in terms 9 of of the level of evidence that 10 epidemiologists believe are are 11 conveyed in each of the different types 12 of studies. 13 Q. And below randomized 14 controlled trial there's randomized 15 and there's meta-analysis, and by that 16 you mean meta-analysis of controlled 17 trials, correct? 18 A. Yes. 19 Q. Okay. And under that are 20 Q. Okay. And under that are 21 Q. Okay. And under that are 22 cohort studies? 23 think I said better. And I think the lines are there just just to the lines are there just just to be lines there; bas of there in the eleme of evidence contained in those. I don't I mean, I don't know what you mean by better. BY MR. TISI: Q. Well, okay. Cohort studies, according to your chart, are more reliable than case-controlled studies? A. Again, they they have a higher level of evidence. I don't I don't know if I would say reliable is the same as level of evidence. 10 Did you create this or is this from some other place? A. I I have seen this in numerous, numerous different places, but I made this particular figure by myself. Q. Okay. And under that are Q. Okay. And under that are Q. Okay. And under that are Q. Okay. So there's no citation for this? A. Not in this document, but	19		19	
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73 (Pages 286 to 289)

	Page 290		Page 292
1	Q. Okay. Well, there's no	1	you know, how the P-values were
2	citation for this, correct?	2	were calculated because it's
3	MS. MILLER: Objection.	3	it's sort of a given
4	Asked and answered.	4	BY MR. TISI:
5	BY MR. TISI:	5	Q. Okay.
6	Q. Because what I'm going to	6	A knowledge.
7	ask I'm going to ask you questions	7	Q. On Page 7 of your report.
8	about that, but you did not provide a	8	And I'm just going to read a couple
9	citation for Figure 1	9	places where you make this point.
10	MS. MILLER: Objection.	10	On Page 7, 3.3, you say,
11	BY MR. TISI:	11	"Generally in my experience, prospective
12	Q where you got that	12	cohort studies yield a higher level of
13	statement from?	13	evidence than case-control studies."
14	MS. MILLER: I'm sorry, I	14	That's the first sentence
15	just always think you're done with	15	in
16	your question so I object, and	16	A. That is what it says there.
17	then you keep going. That's now	17	Q. Okay. Could you just put a
18	three questions and it's one	18	line next to that so we can we may
19	question. We're having the same	19	come back to that. Could you just put
20	ongoing issue that we had before.	20	a
21	Objection to all three parts	21	A. May I write?
22	of that question.	22	Q. Yeah, you can write on that.
23	BY MR. TISI:	23	MS. MILLER: I think she
24	Q. Okay. Doctor	24	can
	,		
	Page 291		Page 293
1	MS. MILLER: So which	1	BY MR. TISI:
2	MS. MILLER: So which question is	2	BY MR. TISI: Q. Yeah, would you, please?
2	MS. MILLER: So which question is BY MR. TISI:	2 3	BY MR. TISI: Q. Yeah, would you, please? Yes, it's an exhibit. Thank you.
2 3 4	MS. MILLER: So which question is BY MR. TISI: Q. Doctor, do you have a	2 3 4	BY MR. TISI: Q. Yeah, would you, please? Yes, it's an exhibit. Thank you. MS. MILLER: Why don't we
2 3 4 5	MS. MILLER: So which question is BY MR. TISI: Q. Doctor, do you have a citation to this chart?	2 3 4 5	BY MR. TISI: Q. Yeah, would you, please? Yes, it's an exhibit. Thank you. MS. MILLER: Why don't we just use a sticky?
2 3 4 5 6	MS. MILLER: So which question is BY MR. TISI: Q. Doctor, do you have a citation to this chart? A. I made the chart up myself.	2 3 4 5 6	BY MR. TISI: Q. Yeah, would you, please? Yes, it's an exhibit. Thank you. MS. MILLER: Why don't we just use a sticky? MR. TISI: No, because I'm
2 3 4 5 6 7	MS. MILLER: So which question is BY MR. TISI: Q. Doctor, do you have a citation to this chart? A. I made the chart up myself. And and it is just an underlying	2 3 4 5 6 7	BY MR. TISI: Q. Yeah, would you, please? Yes, it's an exhibit. Thank you. MS. MILLER: Why don't we just use a sticky? MR. TISI: No, because I'm going to I want a record of
2 3 4 5 6 7 8	MS. MILLER: So which question is BY MR. TISI: Q. Doctor, do you have a citation to this chart? A. I made the chart up myself. And and it is just an underlying epidemiological principle, so it it	2 3 4 5 6	BY MR. TISI: Q. Yeah, would you, please? Yes, it's an exhibit. Thank you. MS. MILLER: Why don't we just use a sticky? MR. TISI: No, because I'm going to I want a record of what we did.
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	Page 294		Page 296
1	we'll ask the we can take a	1	going off of Figure 1, which is a
2	break and call the judge if you	2	generally accepted principle in
3	want to do that.	3	epidemiology.
4	MS. MILLER: Any time you	4	Q. Okay. But the answer there
5	want. You seem to be threatening	5	is there's no citation there, right?
6	that a lot.	6	MS. MILLER: Objection.
7	MR. TISI: Do you want to do	7	THE WITNESS: There's no
8	that?	8	citations for many things that are
9	MS. MILLER: It's up to you.	9	general sort of principles of
10	MR. TISI: Do you want to do	10	
11	that? Because I'm happy to	11	epidemiology or other facts. BY MR. TISI:
12	because I would like to draw on	12	
13	that exhibit there where she	13	Q. Please go to Page 26,
$\frac{13}{14}$		14	please. There's no citation there
15	MS. MILLER: Well, she's	15	A. There's no citation there.
	already drawn it. I will see what	16	I take it back. But I do have citations
16	else you ask of her.	1	in and if you give me a minute to
17	BY MR. TISI:	17	look, I can
18	Q. On Page 17, second full	18	Q. No, I want to see
19	paragraph.	19	A find citations where
20	A. Yes.	20	there's a higher level of evidence
21	Q. Does it say does it say,	21	Q. I'm going through every
22	"When the results across study designs	22	place where you've said it. And I want
23	are not consistent, i.e., case-control	23	to put this, Doctor. First, follow me.
24	study reports a statistically significant	24	MS. MILLER: Chris, excuse
	Page 295		Page 297
1	association, but cohort studies do not,	1	me.
2			
	the study with the accepted higher level	2	MR. TISI: I ask I'm
3	of evidence is the cohort study because		
		2	MR. TISI: I ask I'm
3	of evidence is the cohort study because	2 3	MR. TISI: I ask I'm asking the questions.
3 4	of evidence is the cohort study because it eliminates bias such as recall bias"?	2 3 4	MR. TISI: I ask I'm asking the questions. BY MR. TISI:
3 4 5	of evidence is the cohort study because it eliminates bias such as recall bias"? A. That's what it states.	2 3 4 5	MR. TISI: I ask I'm asking the questions. BY MR. TISI: Q. Is there a citation after
3 4 5 6	of evidence is the cohort study because it eliminates bias such as recall bias"? A. That's what it states. Q. Okay. Can you put a little	2 3 4 5 6	MR. TISI: I ask I'm asking the questions. BY MR. TISI: Q. Is there a citation after that statement? The answer is no. The next one, on Page 26, do
3 4 5 6 7	of evidence is the cohort study because it eliminates bias such as recall bias"? A. That's what it states. Q. Okay. Can you put a little star next to that, please?	2 3 4 5 6 7	MR. TISI: I ask I'm asking the questions. BY MR. TISI: Q. Is there a citation after that statement? The answer is no.
3 4 5 6 7 8	of evidence is the cohort study because it eliminates bias such as recall bias"? A. That's what it states. Q. Okay. Can you put a little star next to that, please? MS. MILLER: A star.	2 3 4 5 6 7 8	MR. TISI: I ask I'm asking the questions. BY MR. TISI: Q. Is there a citation after that statement? The answer is no. The next one, on Page 26, do you see that it says, "It is well established as discussed above that there
3 4 5 6 7 8 9	of evidence is the cohort study because it eliminates bias such as recall bias"? A. That's what it states. Q. Okay. Can you put a little star next to that, please? MS. MILLER: A star. BY MR. TISI: Q. Or a whatever. So I want	2 3 4 5 6 7 8	MR. TISI: I ask I'm asking the questions. BY MR. TISI: Q. Is there a citation after that statement? The answer is no. The next one, on Page 26, do you see that it says, "It is well established as discussed above that there are more potential or confounding
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	Daga 200		Daga 200
_	Page 298		Page 300
1	above." So I'm going to go and look at	1	A. "Cohort studies yield a
2	the "as discussed above" for the	2	higher level of evidence. Hill observed,
3	citations.	3	'I would put myself at a good deal of
4	So I have a citation to a	4	weight upon similar results reached in
5	book called case-control studies. And	5	quite different ways, i.e., prospectively
6	actually my references are transposed	6	and retrospectively."
7	there.	7	Q. But they're not you can
8	That discusses sort of the	8	have prospective case-control studies and
9	level of evidence.	9	you can have retrospective case-control
10	Q. Okay. So you think that's	10	studies. You could have prospective
11	the citation. What is the name of that?	11	A. How can you have prospective
12	What is the name of that one?	12	case-control studies?
13	A. So it's listed as six. But	13	Q. Actually, you're right. You
14	it should be seven there, "Case-Control	14	can have prospective and retrospective
15	Studies: Design, Conduct and Analyses."	15	cohort studies, correct?
16	Q. Okay. I'll look that up.	16	A. It depends upon how you
17	Let's go to page	17	define it.
18	A. And also I also think I	18	Q. He didn't talk about
19	have more. Oh, it's in the meta-analyses	19	case-controls and cohorts, did he?
20	that we were talking about. And so	20	A. I don't know. I'll have to
21	there's a Citation 23. And I say, "So	21	look up Bradford Hill.
22	this is because, due to the effects of	22	Q. Okay. But you do say,
23	confounding and bias, observational	23	without citation, "Cohort studies yield a
24	studies may produce estimates that	24	higher level of evidence," correct, on
	studies may produce estimates that		higher level of evidence, correct, on
	Page 299		Page 301
1	deviate from a true causal."	1	Page 28?
2	That's that's	2	A. There's no explicit citation
3	observational studies in general.	3	on for the sentence that you read.
4	Q. But nothing saying that it's	4	Q. Let's go to Page 35. Third
5	a higher level of evidence? I'm looking	5	paragraph, last sentence. "Now, the
6	for a citation that says cohort studies	6	cohort studies observed a dose-response
7	are a higher level of evidence as a	7	relationship. Cohort studies provide a
8	general rule than case-control studies.	8	higher level of evidence than do
9	A. So again, I think it is	9	case-control studies."
10	implied throughout.	10	(Brief teleconference
11	Q. It's implied, but it's not	11	interruption.)
12	cited. And I'm looking for a citation to	12	THE WITNESS: Yes, there's
	that. It's not only implied. Actually,	13	no citation after that particular
⊥3		14	sentence, I agree.
13 14	volucome right out and say it several		
14	you come right out and say it several times.		
14 15	times.	15	BY MR. TISI:
14 15 16	times. A. Yes.	15 16	BY MR. TISI: Q. Okay. So in this one
14 15 16 17	times. A. Yes. Q. Okay. So let's go to Page	15 16 17	BY MR. TISI: Q. Okay. So in this one there's no citation to cohort studies
14 15 16 17 18	times. A. Yes. Q. Okay. So let's go to Page 28, last paragraph, last sentence.	15 16 17 18	BY MR. TISI: Q. Okay. So in this one there's no citation to cohort studies providing a higher level of evidence than
14 15 16 17 18 19	times. A. Yes. Q. Okay. So let's go to Page 28, last paragraph, last sentence. A. Yes.	15 16 17 18 19	BY MR. TISI: Q. Okay. So in this one there's no citation to cohort studies providing a higher level of evidence than do case-control studies, true?
14 15 16 17 18 19 20	times. A. Yes. Q. Okay. So let's go to Page 28, last paragraph, last sentence. A. Yes. Q. It says, "Cohort studies	15 16 17 18 19 20	BY MR. TISI: Q. Okay. So in this one there's no citation to cohort studies providing a higher level of evidence than do case-control studies, true? A. There's no citation after
14 15 16 17 18 19 20 21	times. A. Yes. Q. Okay. So let's go to Page 28, last paragraph, last sentence. A. Yes. Q. It says, "Cohort studies yield a higher level of evidence." No	15 16 17 18 19 20 21	BY MR. TISI: Q. Okay. So in this one there's no citation to cohort studies providing a higher level of evidence than do case-control studies, true? A. There's no citation after that particular sentence. You are
14 15 16 17 18 19 20 21	times. A. Yes. Q. Okay. So let's go to Page 28, last paragraph, last sentence. A. Yes. Q. It says, "Cohort studies yield a higher level of evidence." No citation for that either?	15 16 17 18 19 20 21 22	BY MR. TISI: Q. Okay. So in this one there's no citation to cohort studies providing a higher level of evidence than do case-control studies, true? A. There's no citation after that particular sentence. You are correct.
14 15 16 17 18 19 20 21	times. A. Yes. Q. Okay. So let's go to Page 28, last paragraph, last sentence. A. Yes. Q. It says, "Cohort studies yield a higher level of evidence." No	15 16 17 18 19 20 21	BY MR. TISI: Q. Okay. So in this one there's no citation to cohort studies providing a higher level of evidence than do case-control studies, true? A. There's no citation after that particular sentence. You are

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1 are better than case-control, and that 2 also doesn't have a citation, correct? 3 A. What conclusion? 4 Q. On the conclusion on Page 5 53. 5 A. I do not have a citation 7 after that sentence. 9 Criticism of Dr. Smith-Bindman, you say, 10 in the middle of the page, "As I said 11 above there is evidence in the literature 12 that cohort studies provide less biased 13 information than case-control studies, 14 and I have not found instance where 15 the - instances where the opposite is 16 argued." 17 Doyou see that? 18 A. Mm-hmm 19 Q. Okay. And there's no 20 citation to that as well, right? 21 A. Well, if I didn't find any 22 instances where that has been showing, 23 there wouldn't be citations. 24 Q. Did you look? Page 303 1 A. I did. 2 Q. You did? 2 A. Yeah. I have not seen a 4 study that has said there is a higher 2 level of evidence in ease-control studies 6 than there is in cohort studies as a 4 whole. 8 Q. Actually, I didn't actually, I didn't and the question? 10 Thave not found the 11 evel of revidence in ease-control studies 12 and I have not seen a 13 the question? 14 Q. The statement is, "I have 15 level of revidence in ease-control studies 16 and I have not found the 17 or possite to be true." 18 A. No. Can what was that 19 the question? 19 Q. Okay. And I don't have a 110 citation for 1 have not found the 111 or possite to be true." 112 better than case-control studies 113 the question? 114 Q. The statement is, "I have 115 not a generally accepted and well accepted 115 peripheto f epidemiology that 116 there is no increase-control studies 117 byour see that? 118 A. Min-hum. 119 Q. Okay. And there's no 110 citation to that as well, right? 119 Q. You did? 120 citation to that as well, right? 130 A. Yeah. I have not seen a 140 study that has said there is a higher 150 level of evidence in case-control studies 16 the real case-control studies. 17				
also doesn't have a citation, correct? A. What conclusion? Q. On the conclusion on Page 5 53. A. I do not have a citation after that sentence. Q. Now, on Page 45, in your criticism of Dr. Smith-Bindman, you say, in the middle of the page, "As I said above there is evidence in the literature that cohort studies provide less biased in formation than case-control studies, the instances where the opposite is argued." Do you see that? A. Mell, if I didn't find any citation to that as well, right? A. Well, if I didn't find any instances where that has been showing, the rewouldn't be citations. A. I did. Q. You did? A. Cactually, I didn't actually, I didn't say higher level. I said that cohort studies as a whole. Q. Actually, I didn't say higher level. I said that cohort studies and the resis in or and where so noposite to be true." A. Exactly. And I have not found the vaciation for "I have not found the apposite to be true," Q. Okay. The truth is that your methoology, your opinions - and your methoology, your opi		Page 302		Page 304
A. What conclusion? Q. On the conclusion on Page 5 53. A. I do not have a citation 6 A. I do not have a citation 7 affer that sentence. 9 Q. Now, on Page 45, in your 9 criticism of Dr. Smith-Bindman, you say, 10 in the middle of the page, "As I said 11 above there is evidence in the literature 12 that cohort studies provide less biased 13 information than case-control studies, 14 and I have not found instance where 15 the instances where the opposite is 16 argued." 17 Do you see that? 18 A. Mm-hmm 19 Q. Okay. And there's no 20 citation to that as well, right? 21 A. Well, if I didn't find any 22 instances where that has been showing, 23 there wouldn't be citations. 24 Q. Did you look? Page 303 1 A. I did. 2 Q. You did? 3 A. Yeah. I have not seen a 4 study that has said there is a higher 5 level of evidence in case-control studies 6 than there is in cohort studies as a 7 whole. Q. Actually, I didn't say higher level. I 10 said that cohort studies as a whole 11 better than case-control studies. 12 A. No. Can what was that 13 the question? 14 Q. The statement is, "I have 15 not found the opposite to be true." 16 A. Exactly. And I don't have a 17 citation for "I have not found the 18 opposite to be true," 19 Q. Okay. The truth is that 20 Q. Oyay or opinions and 21 Q. Okay. The truth is that 22 query methodology, your opinions and 23 weve gone through several places in your 24 wor methodology, your opinions and 25 weve gone through several places in your 26 defendence. THE WITNESS: It's not a cance-control studies; is that true? MS. MILLER: Objection. THE WITNESS: It's not a cance-control studies is that there is more evidence in cohort 12 that cohort studies is that there is more evidence in cohort 13 know, cause breast cancer based on case-control studies, but then when case-control studies, but then when case-control studies, but then when case-control studies have found the real cause that cohort shaven!? 15 have really accepted miveled in there is no literature that sudies are a whole 16		are better than case-control, and that	1	conclusion, rely very heavily on the
4		also doesn't have a citation, correct?	2	concept that, as a general rule, cohort
5 3. A. I do not have a citation after that sentence. Q. Now, on Page 45, in your criticism of Dr. Smith-Bindman, you say, in the middle of the page, "As I said above there is evidence in the literature that cohort studies provide less biased information than case-control studies, and I have not found the page. "As I said and I have not found the poposite to be true." Page 303 A. I did. Q. You did? A. Yeah. I have not seen a study that has said there is a higher level. I not found the opposite to be true." A. Exactly. And I don't have a citation for "I have not found the poposite is true. Q. Okay. The truth is that your methodology, your pintors — and your methodology, your pintors — and that first firs	3	A. What conclusion?	3	studies are better than case
6 A. I do not have a citation 7 after that sentence. 8 Q. Now, on Page 45, in your 9 criticism of Dr. Smith-Bindman, you say, 10 in the middle of the page, "As I said 11 above there is evidence in the literature 12 that cohort studies provide less biased 13 information than case-control studies, 14 and I have not found instance where 15 the - instances where the opposite is 16 argued." 17 Do you see that? 18 A. Mm-hmm. 19 Q. Okay. And there's no 20 citation to that as well, right? 21 A. Well, if I didn't find any 22 instances where that has been showing, 23 there wouldn't be citations. 24 Q. Did you look? 25 Level of evidence in case-control studies 26 Level of evidence in case-control studies 27 whole. 28 Q. Actually, I didn't 28 actually, I didn't say higher level. I said that cohort studies as a whole. 29 actually, I didn't say higher level. I so said that cohort studies as a whole. 10 said that cohort studies as a whole. 11 better than case-control studies. 12 A. No. Can what was that the question? 14 Q. The statement is, "Thave not found the opposite to be true," because because they eilminate confounding principle of epidemiology that there is more evidence in cohort studies and there is in case-control studies. 16 A. I did. 10 Level of evidence in case-control studies 29 actually, I didn't 30 A. Catually, I didn't 40 C. The statement is, "Thave not found the opposite to be true." 15 for found the opposite to be true." 16 A. Exactly. And I don't have a citation for "I have not found the opposite to be true," because because they eilminate confounding principle of epidemiology that there is more evidence in cohort studies are a so whole. 16 Level of evidence in case-control studies. 17 C. Wat the evidence in cohort studies are as a whole where control studies. 18 C. Well, the only cite you mention are are it's Number 7 in your report, the case-control studies 4 A. Right, but buried within some of these other studies one case-control studies incohort studies are as a w		Q. On the conclusion on Page	4	case-control studies; is that true?
after that sentence. Q. Now, on Page 45, in your oriticism of Dr. Smith-Bindman, you say, in the middle of the page, "As I said that cohort studies provide less biased that cohort studies provide less biased information than case-control studies, and I have not found instance where the	5	53.	5	MS. MILLER: Objection.
8 Q. Now, on Page 45, in your 9 criticism of Dr. Smith-Bindman, you say, 10 in the middle of the page, "As I said 11 above there is evidence in the literature 12 that cohort studies provide less biased 13 information than case-control studies, 13 information than case-control studies, 14 and I have not found instance where 14 the - instances where the opposite is argued." 16 argued." 17 Do you see that? 18 A. Mm-hmm. 18 Q. Okay. And there's no citation to that as well, right? 19 Q. Okay. And there's no citation to that as well, right? 20 citation to that as well, right? 21 A. Well, if I didn't find any 22 instances where that has been showing, 23 there wouldn't be citations. 24 Q. Did you look? 24 Did you look? 24 C. You did? 25 C. You did? 26 C. You did? 27 C. You did? 28 Statements such as, you know, it was thought that oral contraceptives, you 19 cohort studies were done, the opposite was found due to the fact that they are a lower level of evidence in case-control studies. 25 In a factually, I didn't say higher level. I said that cohort studies are as a whole 10 that cohort studies are as a whole 11 better than case-control studies. 26 C. I apologize. 27 A. No. Can what was that 18 the question? 18 A. Exactly. And I don't have a 17 citation for Thave not found the opposite to be true." 19 O. Okay. The truth is that 20 opposite to be true, "because because there is no literature that says the opposite to be true," because because there is no literature that says the opposite to be true, "because because that cohorts, don't you? MS. MILLER: Objection. THE WITNESS: Can you show me where where getting you're where where getting you're that information and why I should	6	A. I do not have a citation	6	THE WITNESS: It's not a
8 Q. Now, on Page 45, in your 9 criticism of Dr. Smith-Bindman, you say, in the middle of the page, "As I said 10 the middle of the page, "As I said 11 above there is evidence in the literature 12 that cohort studies provide less biased 12 information than case-control studies, 13 information than case-control studies, 14 and I have not found instance where 14 the - instances where the opposite is 15 the - instances where the opposite is 16 argued." 16 Doyou see that? 17 Doyou see that? 18 A. Mm-hmm. 19 Q. Okay. And there's no 19 citation to that as well, right? 19 citation to that as well, right? 10 citation to that as well in fl didn't find any 21 instances where that has been showing, 22 there wouldn't be citations. 24 Q. Did you look? 10 Did you look? 24 Did you look? 24 Did you look? 25 Did you look? 26 Did you look? 27 Did you look? 27 Did you look? 28 Did you look? 29 Did you look? 29 Did you look? 29 Did you look? 29 Did you look? 20 Di	7	after that sentence.	7	concept. It is a generally
9 criticism of Dr. Smith-Bindman, you say, 10 in the middle of the page, "As I said 11 above there is evidence in the literature 12 that cohort studies provide less biased 13 information than case-control studies, 14 and I have not found instance where 15 the instances where the opposite is 16 argued." 17 Do you see that? 18 A. Mm-hmm. 19 Q. Okay. And there's no 20 citation to that as well, right? 21 A. Well, if I didn't find any 22 instances where that has been showing, 23 there wouldn't be citations. 24 Q. Did you look? 25 Page 303 26 The statement is in chort studies as a 27 whole. 28 Q. Actually, I didn't 29 actually, I didn't 29 actually, I didn't 29 actually, I didn't 29 actually, I didn't 20 actually, I didn't 21 A. No. Can what was that 21 the question? 22 A. No. Can what was that 23 the question? 24 C. The statement is, "I have 25 not found the opposite to be true." 26 A. Exactly. And I don't have a 27 three is no literature that says the 28 opposite to be true," because because 19 there is no literature that says the 29 opposite to be true," because because 19 there is no literature that says the 29 opposite to be true," because because 19 there is no literature that says the 20 opposite to the rue, "because because 19 there is no literature that says the 20 opposite to be true," because because 21 Q. Okay. The truth is that 22 we've gone through several places in your 21 we've gone through several places in your 22 we've gone through several places in your 23 we've gone through several places in your 24 that cohort studies and there is an inferior and why I should	8	Q. Now, on Page 45, in your	8	
10 in the middle of the page, "As I said above there is evidence in the literature that cohort studies provide less biased 12 case-control studies provide less biased 13 information than case-control studies, and I have not found instance where 14 and I have not found instance where 15 the instances where the opposite is 15 argued." 16 argued." 17 Do you see that? 17 Do you see that? 17 Do you see that? 18 A. Mm-hmm. 18 Q. Okay. And there's no 19 citation to that as well, right? 20 citation to that as well, right? 21 A. Well, if I didn't find any 22 instances where that has been showing, 23 there wouldn't be citations. 23 there wouldn't be citations. 23 there wouldn't be citations. 24 Whole. 24 Study that has said there is a higher 15 level of evidence in case-control studies 5 level of evidence in case-control studies as a whole. 15 level of evidence in case-control studies. 16 than there is in chort studies are as a whole 21 better than case-control studies. 25 and that cohort studies are as a whole 26 the transcare-control studies. 27 actually, I didn't	9		9	
above there is evidence in the literature that cohort studies provide less biased information than case-control studies, the instances where the opposite is true. The instances is in color, studies, and I'm sure there are some citations here. BY MR. TISI: BY MR. TISI: A. Right, but buried within some of these other studies is own of these other studies is own of these other studies how it was thought that oral contraceptives, you The actually, I didn't in a sure there are some citations here. BY MR. TISI: A. Right, but buried within some of these other studies have in own of some of these other studies how it was thought that oral contraceptives, you The actually, I didn't in a sure the opposite was found due to the fact that they are a lower level of evidence and biases and confounding. A. Yeah. I have not say the opposite was found due to th	10		10	
that cohort studies provide less biased information than case-control studies, and I have not found instance where that has been showing, there wouldn't be citations. A. I did. Q. You did? A. I did. Q. You did? A. Yeah. I have not seen a study that has said there is a higher level of evidence in case-control studies as a whole. A. No. Can what was that the question? A. No. Can what was that the citation for "I have not found the opposite to be true," because in the re is no literature that say the opposite is true. Q. Okay. The truth is that your report, the case-control studies because they eliminate confounding. A. A l'm just - I need to look, and I'm sure there are some citations here. BY MR. TISI: A. Mell, if I didn't find any your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies are - it's Number 7 in your report, the case-control studies such as you know, it was statements such as, you know, it was tatements such as, you know, i	11		11	studies than there is in
information than case-control studies, and I have not found instance where the instances where the opposite is the instances where the opposite is argued." Do you see that? A. Mm-hmm. 18 Q. Okay. And there's no citation to that as well, right? A. Well, if I didn't find any 21 A. Well, if I didn't find any 21 A. Well, if I didn't find any 21 and I may 21 A. Well, if I didn't find any 21 A. Well, if I didn't any 21 A. Well, if I di	12	that cohort studies provide less biased	12	
and I have not found instance where the instances where the opposite is argued." Do you see that? A. Mm-hmm. Q. Okay. And there's no citation to that as well, right? A. Well, if I didn't find any instances where that has been showing, there wouldn't be citations. Q. Did you look? Page 303 A. I did. Q. You did? A. I did. Q. You did? A. Yeah. I have not seen a study that has said there is a higher level of evidence in case-control studies as whole. Q. Actually, I didn't actually, I didn't say higher level. I said that cohort studies are as a whole the question? A. No. Can what was that the question? A. Exactly. And I don't have a citation for "I have not found the opposite to be true," because there is no literature that say the opposite is true. Q. Okay. The truth is that your methodology, your opinions and we've gone through several places in your A. Mell, if I didn't find any intention are are it's Number 7 in your report, the case-control studies cate are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies A. Right, but buried within mention are are it's Number 7 in your report, the case-control studies are are it's Number 7 in your report, the case-control studies are are it's Number 7 in your report, the case-control			13	
the instances where the opposite is argued." Do you see that? A. Mm-hmm. Q. Okay. And there's no citation to that as well, right? A. Well, if I didn't find any citations where that has been showing, there wouldn't be citations. Q. Did you look? Page 303 A. I did. Q. You did? A. Yeah. I have not seen a study that has said there is no liber at whole. Q. Actually, I didn't actually, I didn't say higher level. I better than case-control studies. A. No. Can what was that the question? Q. The statement is, "I have not found the opposite to be true," because there is no literature that says the opposite to be true," because there is no literature that says the opposite to be true," because there is no literature that says the opposite is true. Q. Okay. The truth is that your methodology, your opinions and we've gone through several places in your Page 305 I by Well, the only cite you mention are are it's Number 7 in your report, the case-control studies are are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are it's Number 7 in your report, the case-control studies are are it's Number 1 in your report, the case-control studies are are it's Number 1 in your report, the case-control studies are are it's Number 1 in your report, the case-contr				
16 argued." 17 Do you see that? 18 A. Mm-hmm. 19 Q. Okay. And there's no 20 citation to that as well, right? 21 A. Well, if I didn't find any 22 instances where that has been showing, 23 there wouldn't be citations. 24 Q. Did you look? 25 Did you look? 26 Did you look? 27 A. I did. 28 Q. You did? 29 Q. You did? 20 Case-control studies was thought that oral contraceptives, you 29 Page 303 20 You did? 21 A. I did. 22 Q. You did? 23 A. Yeah. I have not seen a study that has said there is a higher level of evidence in case-control studies as a whole. 29 Actually, I didn't 29 actually, I didn't say higher level. I said that cohort studies are as a whole better than case-control studies. 21 D. A. Can what was that the question? 22 D. The statement is, "I have not found the opposite to be true," because because opposite is true. 20 Q. Okay. The truth is that your methodology, your opinions and we've gone through several places in your 10 Do you see that? 18 A. Mm-hmm. 19 Q. Well, the only cite you mention are are it's Number 7 in your report, the case-control studies 20 Woll, the only cite you mention are are it's Number 7 in your report, the case-control studies 21 A. Right, but buried within in sease of these other studies here are statements such as, you know, it was thought that oral contraceptives, you 21 A. Right, but buried within in sease-control studies 22 some of these other studies here are statements such as, you know, it was thought that oral contraceptives, you 22 some of these other studies here are statements such as, you know, it was thought that oral contraceptives, you 23 statements such as, you know, it was thought that oral contraceptives, you case-control studies. 24 Look as the case-control studies are as a whole oconfounding 25 Look as the control and due to the fact that they are a lower level of evidence and biases and confounding 26 Lactually, I didn't 28 C. A. No. Can what was that the question? 29 Q. The statement is, "I hav			15	
17				
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77 (Pages 302 to 305)

	Page 306		Page 308
1	BY MR. TISI:	1	for the record what you wrote in Viagra?
2	Q. Let's start with your own	2	A. Yeah, this is this is
3	statement in the Viagra litigation.	3	very abbreviated. Because I see I have a
4	Okay.	4	section on randomized clinical trials
5	Let's let me show you	5	right here
6	what I have marked as Exhibit Number 21.	6	Q. I'm asking you what you
7	(Document marked for	7	read can you read can you read what
8	identification as Exhibit	8	you wrote in Viagra?
9	Ballman-18.)	9	MS. MILLER: Objection.
10	BY MR. TISI:	10	THE WITNESS: Read what?
11	Q. Do you remember do you	11	BY MR. TISI:
12	remember	12	Q. Read where it says levels of
13	MR. SOILEAU: This is not	13	evidence. Section B. There's a full
14	going to be 21 in this deposition.	14	paragraph under levels of evidence.
15	MR. TISI: I'm sorry. For	15	Could you read what it says?
16	the record, this is 18.	16	A. Sure. "Cancer epidemiology
17	BY MR. TISI:	17	attempts to identify risk factors that
18	Q. And you have a do you	18	are causative agents of cancer. Knowing
19	recall having a section in your Viagra	19	what causes a cancer may lead to
20	report which talks about levels of	20	therapies that benefit patients and/or
21	evidence?	21	strategies to minimize the exposure to a
22	A. Not off of the top of my	22	risk. There are different levels of
23	head. I need to see it.	23	evidence for determining whether a factor
24	MS. MILLER: Is this the	24	is causal based on the underlying study
	1/15/1/11/2/21/1 15 (1/15 (1/15)		is eausur oused on the undorrying stady
	Page 307		Page 309
1	whole report or just a portion of	1	design. A recognized ranking of common
2	whole report or just a portion of the report?	1 2	study designs from the greatest level of
		1	
2 3 4	the report? MR. TISI: It's a portion of the report.	2	study designs from the greatest level of
2 3 4 5	the report? MR. TISI: It's a portion of	2 3 4 5	study designs from the greatest level of evidence to lowest is, one, randomized
2 3 4	the report? MR. TISI: It's a portion of the report.	2 3 4 5 6	study designs from the greatest level of evidence to lowest is, one, randomized clinical trials, two, cohort and case-control studies, and three, case reports and case series."
2 3 4 5	the report? MR. TISI: It's a portion of the report. MS. MILLER: Yeah, I don't	2 3 4 5 6 7	study designs from the greatest level of evidence to lowest is, one, randomized clinical trials, two, cohort and case-control studies, and three, case
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78 (Pages 306 to 309)

	Page 310		Page 312
1	knowledge	1	Have you looked in textbooks to see
2	MS. SHARKO: What kind of	2	whether that is true?
3	question is that? A reading test?	3	A. Yes.
4	MR. TISI: I asked yes.	4	Q. Okay. I'm going to show you
5	That's what I asked her to do, and	5	Dr. Rothman's textbook textbook on
6	she read it. Thank you.	6	on epidemiology.
7	THE WITNESS: But this	7	A. The whole textbook?
8	misrepresents what this	8	Q. I'm showing you the entire
9	MS. SHARKO: No, but she has	9	chapter. The entire chapter.
10	the right	10	A. And the table of contents?
11	THE WITNESS: this	11	MR. TISI: I can give
12	paragraph is saying, because it's	12	actually, I can give you the whole
13	incomplete and taken out of	13	book. Let's do this.
14	context.	14	BY MR. TISI:
15	BY MR. TISI:	15	Q. And if you feel like you
16		16	need to look at the book, I'm happy to do
17	Q. I'm going to A. And I see that you've	17	it.
18		18	MS. MILLER: I don't think
19	provided it says Number 1, randomized clinical trials, and then and then it	19	
	· · · · · · · · · · · · · · · · · · ·	20	there's any reason to take that
20	goes over on the next page. And then it		tone with the witness
21	stops because I'm sure I have a section	21	MR. TISI: I mean, you know,
22	on on case-control studies and a	22	honestly
23	section on cohort studies, and it's	23	MS. MILLER: We've been very
24	consistent with what I say here.	24	polite in these depositions. This
	Page 311		Page 313
1	Q. But you lump them	1	is the first deposition that I'm
2	A. They are lumped together	2	aware where the where the
3	Q. But you Doctor, this	3	lawyer has been so rude to the
4	isn't this really isn't an argument.	4	witness.
5	I'm asking you whether for the purposes	5	MR. TISI: I don't think I'm
6	of your Viagra case, where you describe	6	being rude at all. I don't think
7	the level of evidence, instead of five	7	I'm being rude at all.
8	levels, you describe three.	8	Okay.
9	A. I think that is a	9	MS. SHARKO: Maybe not by
10	mischaracterization	10	your standards.
11	Q. Okay.	11	MR. TISI: Certainly not by
12	A because this is not	12	your standards.
13	complete.	13	MS. SHARKO: I would
$\frac{14}{14}$	Q. All right.	14	disagree with that.
15	A. That they are put together	15	BY MR. TISI:
	because they are both observational	16	Q. Okay. Chapter I have the
			2. Simple That the
16		17	
16 17	studies, and then I'm sure I have a	17 18	book. I'll give you the book.
16 17 18	studies, and then I'm sure I have a separate section that talks about the	18	book. I'll give you the book. For the record, I'm going to
16 17 18 19	studies, and then I'm sure I have a separate section that talks about the different aspects of clinical of	18 19	book. I'll give you the book. For the record, I'm going to have this marked as Exhibit Number 19.
16 17 18 19 20	studies, and then I'm sure I have a separate section that talks about the different aspects of clinical of case-control studies and cohort studies,	18 19 20	book. I'll give you the book. For the record, I'm going to have this marked as Exhibit Number 19. (Document marked for
16 17 18 19 20 21	studies, and then I'm sure I have a separate section that talks about the different aspects of clinical of case-control studies and cohort studies, and say essentially the same thing	18 19 20 21	book. I'll give you the book. For the record, I'm going to have this marked as Exhibit Number 19. (Document marked for identification as Exhibit
16 17 18 19 20 21	studies, and then I'm sure I have a separate section that talks about the different aspects of clinical of case-control studies and cohort studies, and say essentially the same thing because it's an accepted underlying	18 19 20 21 22	book. I'll give you the book. For the record, I'm going to have this marked as Exhibit Number 19. (Document marked for identification as Exhibit Ballman-19.)
16 17 18 19 20 21	studies, and then I'm sure I have a separate section that talks about the different aspects of clinical of case-control studies and cohort studies, and say essentially the same thing	18 19 20 21	book. I'll give you the book. For the record, I'm going to have this marked as Exhibit Number 19. (Document marked for identification as Exhibit

79 (Pages 310 to 313)

	Page 314		Page 316
1	And I'm going to give you the exhibit	1	the next paragraph. It says, "Cohort
2	right in front of you. And you can look	2	studies are not immune from problems
3	at the book if you'd like.	3	often thought to be particular with
4	Doctor?	4	case-control studies. For example, while
5	A. Yes, I'm I'm	5	a cohort study may gather information on
6	Q. I have I'd like you to	6	exposure for an entire source population
7	look at the exhibit. You can look at the	7	at the outset of the study, it still
8	book if you need to	8	requires tracing subjects to ascertain
9	A. I'm sorry, did did you	9	exposure variation and outcomes."
10	hand it to me?	10	Do you see that?
11	Thank you.	11	A. So I'm sorry. I'm trying to
12	Q. Now, this is Chapter 8.	12	take in a lot of information. I'm sorry.
13	It's called "Case-Control Studies."	13	I'm going to have to ask you to rephrase.
14	Do you see that?	14	Q. Okay. Does he not say,
15	A. It does say case-control	15	"Cohort studies are not immune from
16	studies.	16	problems often thought to be particular
17	Q. And the first	17	to case-control studies"?
18	paragraph introduces the concept. It	18	A. That's what that sentence
19	says, "In this chapter, we will review	19	says.
20	case-control designs and contrast their	20	Q. Next sentence, he gives an
21	advantages and disadvantages with cohort	21	example. "For example, while cohort
22	designs."	22	studies may gather information on
23	Do you see that?	23	exposure for the entire source
24	A. I'm sorry. Which page?	24	population, at the outset of the study it
	Davis 215		Davis 217
	Page 315		Page 317
1	Q. First page. The first	1	still requires tracing of subjects to
2		1	
	paragraph just introduces the topic.	2	ascertain exposure variation and
3	paragraph just introduces the topic. A. Yes.	2 3	ascertain exposure variation and outcomes."
3 4	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this	2 3 4	ascertain exposure variation and outcomes." Do you see that?
3 4 5	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to	2 3 4 5	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that.
3 4 5 6	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their	2 3 4 5 6	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to
3 4 5 6 7	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort	2 3 4 5 6 7	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read
3 4 5 6 7 8	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs."	2 3 4 5 6 7 8	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out
3 4 5 6 7 8 9	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that?	2 3 4 5 6 7 8	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it?
3 4 5 6 7 8 9	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that.	2 3 4 5 6 7 8 9	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I
3 4 5 6 7 8 9 10	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in	2 3 4 5 6 7 8 9 10	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean
3 4 5 6 7 8 9 10 11	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional	2 3 4 5 6 7 8 9 10 11 12	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are
3 4 5 6 7 8 9 10 11 12	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that	2 3 4 5 6 7 8 9 10 11 12 13	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a
3 4 5 6 7 8 9 10 11 12 13	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect	2 3 4 5 6 7 8 9 10 11 12 13 14	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph.
3 4 5 6 7 8 9 10 11 12 13 14	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from	2 3 4 5 6 7 8 9 10 11 12 13 14 15	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI:
3 4 5 6 7 8 9 10 11 12 13 14 15	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just
3 4 5 6 7 8 9 10 11 12 13 14 15 16	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may reflect a common misunderstanding in	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just asking whether where it says do you
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may reflect a common misunderstanding in conceptualizing case-control studies which will be clarified later."	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just asking whether where it says do you agree with that statement? MS. MILLER: But she has to
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may reflect a common misunderstanding in conceptualizing case-control studies which will be clarified later." Do you see that?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just asking whether where it says do you agree with that statement? MS. MILLER: But she has to read the whole thing.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may reflect a common misunderstanding in conceptualizing case-control studies which will be clarified later." Do you see that? A. I I see that, you read	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just asking whether where it says do you agree with that statement? MS. MILLER: But she has to read the whole thing. THE WITNESS: But I don't
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may reflect a common misunderstanding in conceptualizing case-control studies which will be clarified later." Do you see that? A. I I see that, you read that correctly.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just asking whether where it says do you agree with that statement? MS. MILLER: But she has to read the whole thing. THE WITNESS: But I don't know.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may reflect a common misunderstanding in conceptualizing case-control studies which will be clarified later." Do you see that? A. I I see that, you read that correctly. Q. Okay. And then he	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just asking whether where it says do you agree with that statement? MS. MILLER: But she has to read the whole thing. THE WITNESS: But I don't know. MR. TISI: No, she doesn't.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	paragraph just introduces the topic. A. Yes. Q. Last sentence says, "In this chapter we will review case-control to study designs and contrast their advantages and disadvantages to cohort designs." Do you see that? A. I see that. Q. Okay. The next sentence in the first paragraph. "Conventional wisdom about case-control studies is that they do not yield estimates of effect that are as valid a measure obtained from cohort studies. This thinking may reflect a common misunderstanding in conceptualizing case-control studies which will be clarified later." Do you see that? A. I I see that, you read that correctly.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	ascertain exposure variation and outcomes." Do you see that? A. Yes, it does say that. MS. MILLER: Do you want to give her the time to actually read this, instead of plucking out sentences from it? THE WITNESS: Yeah, I mean MS. MILLER: You are plucking out one sentence from a paragraph. BY MR. TISI: Q. I'm happy to do I'm just asking whether where it says do you agree with that statement? MS. MILLER: But she has to read the whole thing. THE WITNESS: But I don't know.

80 (Pages 314 to 317)

	Page 318		Page 320
1	with that statement.	1	identification as Exhibit
2	BY MR. TISI:	2	Ballman-20.)
3	Q. Do you agree that, "Cohort	3	BY MR. TISI:
4	studies may gather information on	4	Q. It's entitled "Six
5	exposure for an entire source population	5	Persistent Research Misconception."
6	at the outset of the study and still	6	Do you see that?
7	requires tracing of subjects to ascertain	7	A. Yes, I do see that.
8	exposure variations and outcome. If the	8	Q. Have you seen this article
9	success of this tracing is related to the	9	before?
10	exposure and the outcome, the resulting	10	A. You know, I think in my
11	selection bias will behave analogously to	11	career I have seen this article before.
12	the often raised concern of case-control	12	Q. Okay. And again,
13	studies."	13	Dr. Rothman you would agree, he's the
14	Do you agree with that or	14	founder of the Journal of Epidemiology.
15	disagree with that?	15	You understand that, correct?
16	MR. LOCKE: Objection.	16	· · · · · · · · · · · · · · · · · · ·
17	THE WITNESS: I cannot say	17	MS. MILLER: Objection. THE WITNESS: I have no idea
18		18	if he's the founder of the Journal
	just off the fly like this because		
19	I have to see where they're going	19	of Epidemiology.
20	with this, if they are just sort	20	BY MR. TISI:
21	of setting up, you know, why are	21	Q. This is a fairly well known
22	people doing case-control studies	22	article, correct?
23	in the first place, because they	23	A. I don't know that either.
24	have, like, lower level of	24	Q. Okay. Well, let's look at
	Page 319		Page 321
1		1	
1	evidence than cohort studies. I	1 2	Misconception Number 1, because actually
2	evidence than cohort studies. I just I can't really comment if	2	Misconception Number 1, because actually as opposed to reading the whole article,
2 3	evidence than cohort studies. I just I can't really comment if I agree or disagree with that.	2 3	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you
2 3 4	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI:	2 3 4	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but
2 3 4 5	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or	2 3 4 5	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read
2 3 4 5 6	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement.	2 3 4 5 6	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there.
2 3 4 5 6 7	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement. A. Well, with the limited	2 3 4 5 6 7	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there. Would you please tell the judge and the
2 3 4 5 6 7 8	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement. A. Well, with the limited information I'm given a couple	2 3 4 5 6 7 8	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there. Would you please tell the judge and the jury what he says is Misconception Number
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2 3 4 5 6 7 8 9	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement. A. Well, with the limited information I'm given a couple sentences that I'm asked to look at out of an entire chapter that comes out of an	2 3 4 5 6 7 8 9	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there. Would you please tell the judge and the jury what he says is Misconception Number 1. Read that, please. A. I'll read what he says. He
2 3 4 5 6 7 8 9 10	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement. A. Well, with the limited information I'm given a couple sentences that I'm asked to look at out of an entire chapter that comes out of an entire book, I do not feel that I can	2 3 4 5 6 7 8 9 10	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there. Would you please tell the judge and the jury what he says is Misconception Number 1. Read that, please. A. I'll read what he says. He says, "The misconceptions are, number
2 3 4 5 6 7 8 9 10 11	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement. A. Well, with the limited information I'm given a couple sentences that I'm asked to look at out of an entire chapter that comes out of an entire book, I do not feel that I can give a complete and truthful answer.	2 3 4 5 6 7 8 9 10 11	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there. Would you please tell the judge and the jury what he says is Misconception Number 1. Read that, please. A. I'll read what he says. He says, "The misconceptions are, number one, there is a hierarchy of study
2 3 4 5 6 7 8 9 10 11 12 13	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement. A. Well, with the limited information I'm given a couple sentences that I'm asked to look at out of an entire chapter that comes out of an entire book, I do not feel that I can give a complete and truthful answer. Q. Let's see if this helps.	2 3 4 5 6 7 8 9 10 11 12 13	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there. Would you please tell the judge and the jury what he says is Misconception Number 1. Read that, please. A. I'll read what he says. He says, "The misconceptions are, number one, there is a hierarchy of study designs, randomized trials provide the
2 3 4 5 6 7 8 9 10 11 12 13 14	evidence than cohort studies. I just I can't really comment if I agree or disagree with that. BY MR. TISI: Q. Okay. You can't agree or disagree with that statement. A. Well, with the limited information I'm given a couple sentences that I'm asked to look at out of an entire chapter that comes out of an entire book, I do not feel that I can give a complete and truthful answer. Q. Let's see if this helps. Okay. I'm going to show you an article	2 3 4 5 6 7 8 9 10 11 12 13	Misconception Number 1, because actually as opposed to reading the whole article, which I'm more than happy to have you take a look at if you'd like to, but Misconception Number 1, would you read that? He puts a bullet point there. Would you please tell the judge and the jury what he says is Misconception Number 1. Read that, please. A. I'll read what he says. He says, "The misconceptions are, number one, there is a hierarchy of study designs, randomized trials provide the greatest validity" and he's talking
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	Page 322		Page 324
1	the same thing.	1	second-to-last paragraph on the first
2	Q. Okay. Let's see what he	2	column.
3	actually says. Does he say in the	3	A. Okay. Thank you.
4	first paragraph he talks about RCT, first	4	Q. It says, "Discrepancies
5	two paragraphs. Let's talk about the	5	between cohort studies and case-control
6		6	studies should not be explained away
7	next paragraph.	7	
8	It says, "Both cohort and	8	superficially by a presumed validity
9	case-control studies will yield valid results when properly designed and	9	advantage for cohort studies over case-control studies."
10	carried out."	10	
11	Do you see that?	11	Does he not say that? A. That's what is written
12		12	there.
13	A. Where it is again? Again,	13	
	you're making me come you know, go	1	Q. Okay. And if you go
14	through a whole lot of information and	14	A. And I want to point out
15	SO	15	and he goes on and says, "Properly
16	Q. Well, you know, I'm going to	16	designed case-control studies will
17	tell you, if you feel like you need to	17	produce the same results as properly
18	take a look at this entire misconception,	18	designed cohort studies."
19	feel free to do it.	19	So what that means is the
20	A. So, I mean, I'm surprised	20	studies need to not have recall bias and
21	I just want to point out a couple things	21	they need not to have selection bias,
22	and	22	which is almost theoretically impossible
23	Q. No, I don't there's no	23	to do.
24	question pending. You said you wanted to	24	Also, this is the only
	Page 323		Page 325
1	take a look at it. Feel free to take a	1	author out there that has written on
2	1 1 1 1111 1	I	author out there that has written on
	look at it, and I'll ask you questions	2	this, is one textbook, same author, one
3	look at it, and I'll ask you questions about it.	I	this, is one textbook, same author, one paper, same author. And the author goes
3 4		2	this, is one textbook, same author, one
	about it.	2 3	this, is one textbook, same author, one paper, same author. And the author goes
4	about it. A. Okay.	2 3 4	this, is one textbook, same author, one paper, same author. And the author goes on to, say, "These misconceptions have
4 5	about it. A. Okay. Q. I want to be fair. A. All right. Go ahead. Q. Does he not say, in the	2 3 4 5	this, is one textbook, same author, one paper, same author. And the author goes on to, say, "These misconceptions have been perpetuated in journals, classrooms
4 5 6	about it. A. Okay. Q. I want to be fair. A. All right. Go ahead. Q. Does he not say, in the second paragraph, "Both cohort studies	2 3 4 5 6	this, is one textbook, same author, one paper, same author. And the author goes on to, say, "These misconceptions have been perpetuated in journals, classrooms and textbooks." And so I could do the same thing and find a vast majority more
4 5 6 7 8 9	about it. A. Okay. Q. I want to be fair. A. All right. Go ahead. Q. Does he not say, in the second paragraph, "Both cohort studies and case-control studies will yield a	2 3 4 5 6 7	this, is one textbook, same author, one paper, same author. And the author goes on to, say, "These misconceptions have been perpetuated in journals, classrooms and textbooks." And so I could do the same
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	Page 326		Page 328
1	literature that shows that	1	I'm allowed to to give the
2	case-control studies do, and	2	complete truth.
3	cohort studies do not when you	3	BY MR. TISI:
4	do have the opportunity to do a	4	Q. Okay.
5	randomized trial, it comes up with	5	A. I feel like we're doing half
6	a completely different conclusion.	6	truths here.
7	And I have several	7	Q. Okay. I'm perfectly happy
8	references that show that. And	8	to stand on this article.
9	that's real life data. That's not	9	Let me let me look at the
10	purporting, you know, evidence	10	last sentence. "When properly designed
11	against what's a generally	11	case-control studies can achieve" "can
12	accepted epidemiology principle.	12	achieve the same excellent validity as
13	BY MR. TISI:	13	properly designed cohort studies, whereas
14	Q. Let's look at the last	14	poorly designed trial can be unreliable.
15	sentence in this section. It says, "When	15	The type of study should be not taken as
16	properly designed"	16	a guide to the study's validity."
17	A. And, you know, this says	17	Does he not say that?
18	it's a review too. It doesn't say it's a	18	A. He does say that there.
19	research article. This is, like, I think	19	Q. Okay. Thank you. Do you
20	someone's opinion. I mean	20	agree or disagree?
21	Q. Like your report. Like your	21	A. I disagree with his his
22	report. Your report is your opinion.	22	entire thing. I think for individual
23	MS. SHARKO: Don't interrupt	23	studies there could be an individual
24	the witness.	24	case-control study that might be better
21	the witness.	24	case-control study that highl be better
	Page 327		Page 329
1	BY MR. TISI:	1	designed than an individual cohort study.
2	Q. Your report is your opinion,	2	But I think as a body of
3	right?	3	evidence as a whole, it is accepted as a
4	MS. MILLER: Objection.	4	principle in epidemiology literature,
5	THE WITNESS: Those are two	5	that what comes out of case-control
6	different things.	6	studies in total and what comes out of
7	BY MR. TISI:	7	cohort studies in total, are both under
8	Q. One is for litigation, and	8	randomized trials, and cohort studies
9	one isn't?	9	have less biases in terms of selection
10	MS. MILLER: Objection.	10	biases and recall biases than do
11	BY MR. TISI:	11	
	D I WIK. 1131.	++	case-control studies, which is why they
12	Q. Dr. Ballman, you know,	12	case-control studies, which is why they have a higher level of evidence.
12	Q. Dr. Ballman, you know, you're offering a lot of commentary of	12	have a higher level of evidence. Q. It has other biases too.
12 13	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay?	12 13	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the
12 13 14	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of	12 13 14	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not
12 13 14 15	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer	12 13 14 15	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular
12 13 14 15 16 17	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer reviewed literature, correct?	12 13 14 15 16 17	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular question, and you only ask a person once
12 13 14 15 16 17	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer reviewed literature, correct? MS. MILLER: Objection.	12 13 14 15 16 17 18	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular question, and you only ask a person once in 25 years whether they use talcum
12 13 14 15 16 17 18	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer reviewed literature, correct? MS. MILLER: Objection. MR. LOCKE: Objection.	12 13 14 15 16 17 18 19	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular question, and you only ask a person once in 25 years whether they use talcum powder, that can change over time,
12 13 14 15 16 17 18 19 20	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer reviewed literature, correct? MS. MILLER: Objection. MR. LOCKE: Objection. THE WITNESS: So I think I'm	12 13 14 15 16 17 18 19 20	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular question, and you only ask a person once in 25 years whether they use talcum powder, that can change over time, correct?
12 13 14 15 16 17 18 19 20 21	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer reviewed literature, correct? MS. MILLER: Objection. MR. LOCKE: Objection. THE WITNESS: So I think I'm trying to give a complete and	12 13 14 15 16 17 18 19 20 21	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular question, and you only ask a person once in 25 years whether they use talcum powder, that can change over time, correct? A. So so what's the
12 13 14 15 16 17 18 19 20 21 22	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer reviewed literature, correct? MS. MILLER: Objection. MR. LOCKE: Objection. THE WITNESS: So I think I'm trying to give a complete and truthful answer which I swore to	12 13 14 15 16 17 18 19 20 21 22	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular question, and you only ask a person once in 25 years whether they use talcum powder, that can change over time, correct? A. So so what's the question?
12 13 14 15 16 17 18 19 20 21	Q. Dr. Ballman, you know, you're offering a lot of commentary of things that I haven't asked. Okay? I'm asking you, first of all, this is published in the peer reviewed literature, correct? MS. MILLER: Objection. MR. LOCKE: Objection. THE WITNESS: So I think I'm trying to give a complete and	12 13 14 15 16 17 18 19 20 21	have a higher level of evidence. Q. It has other biases too. For example, if you only ask the patient if the cohort study is not designed to to look at a particular question, and you only ask a person once in 25 years whether they use talcum powder, that can change over time, correct? A. So so what's the

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	Page 330		Page 332
1	null?	1	could could make comment on them.
2	MS. MILLER: Objection.	2	Q. In all the cohort studies
3	BY MR. TISI:	3	regarding talc, the patients were asked
4	Q. If a patient, in a	4	on only one occasion whether they used
5	hypothetical cohort study, that was not	5	talc early on in the study, correct?
6	designed specifically to look at whether	6	A. So the cohort
7	talc causes ovarian cancer, and that	7	MR. LOCKE: Objection.
8	patient and it's a 20-year study, and	8	THE WITNESS: So the cohort
9	upon enrollment they are asked one time	9	studies in talc were done in in
10	about their exposure to tale, is it	10	cohorts of women that tended to be
11	possible that over two decades, the	11	older. And and I can go
12	patient could change their behavior?	12	through the different cohorts.
13	MS. MILLER: Objection.	13	BY MR. TISI:
14	There were three questions in	14	Q. I'm asking I didn't ask
15	there. I objected to the first.	15	you to to recite me. I'm asking you,
16	MR. TISI: There's not	16	in each of those studies, the women
17	that's fine. You can object	17	enrolled in those studies were asked
18	you can object to the question.	18	about talc exposure on one occasion,
19	MS. MILLER: Okay. I don't	19	true?
20	know what the question is.	20	MR. LOCKE: Objection.
21	MR. TISI: That's fine.	21	THE WITNESS: So I was
22	THE WITNESS: Can you ask	22	trying and your previous
23	one by one what what the	23	question I think was a little bit
24	BY MR. TISI:	24	different and I was trying to
21	DI WIK. HOI.		different and I was trying to
	Page 331		Page 333
1	Q. You understand that there	1	answer that before you interrupted
2		2	
2	Q. You understand that there	1	answer that before you interrupted me with with the second question, and so
2 3 4	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty	2 3 4	answer that before you interrupted me with with the second question, and so BY MR. TISI:
2 3 4 5	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty pretty clear that I think all	2 3 4 5	answer that before you interrupted me with with the second question, and so
2 3 4 5 6	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty pretty clear that I think all observational studies have some sort of	2 3 4 5 6	answer that before you interrupted me with with the second question, and so BY MR. TISI: Q. Okay. Then let me withdraw the question.
2 3 4 5 6 7	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty pretty clear that I think all observational studies have some sort of biases in them.	2 3 4 5 6 7	answer that before you interrupted me with with the second question, and so BY MR. TISI: Q. Okay. Then let me withdraw the question. I'm going to ask you, can
2 3 4 5 6 7 8	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty pretty clear that I think all observational studies have some sort of biases in them. Q. Right. And you have to	2 3 4 5 6	answer that before you interrupted me with with the second question, and so BY MR. TISI: Q. Okay. Then let me withdraw the question. I'm going to ask you, can you name for me a cohort study
2 3 4 5 6 7 8 9	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty pretty clear that I think all observational studies have some sort of biases in them. Q. Right. And you have to consider all of them, correct?	2 3 4 5 6 7 8 9	answer that before you interrupted me with with the second question, and so BY MR. TISI: Q. Okay. Then let me withdraw the question. I'm going to ask you, can you name for me a cohort study MS. MILLER: You just
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty pretty clear that I think all observational studies have some sort of biases in them. Q. Right. And you have to consider all of them, correct? A. All of what? Q. All the biases and all the different kinds of studies. A. You have to consider I I looked I don't know what that means. Q. You don't dismiss biases in cohort studies because they happen to be	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	answer that before you interrupted me with with the second question, and so BY MR. TISI: Q. Okay. Then let me withdraw the question. I'm going to ask you, can you name for me a cohort study MS. MILLER: You just interrupted her again. She was like literally when she says "and so," you start talking. Let her finish her sentences. MR. TISI: I'm going to ask I withdrew the question.
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. You understand that there are biases that are also inherent in cohort studies as well? A. I I think I'm pretty pretty clear that I think all observational studies have some sort of biases in them. Q. Right. And you have to consider all of them, correct? A. All of what? Q. All the biases and all the different kinds of studies. A. You have to consider I I looked I don't know what that means. Q. You don't dismiss biases in cohort studies because they happen to be cohort studies, right? A. Again, it depends upon what the individual studies are and the question that is being addressed with the	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	answer that before you interrupted me with with the second question, and so BY MR. TISI: Q. Okay. Then let me withdraw the question. I'm going to ask you, can you name for me a cohort study MS. MILLER: You just interrupted her again. She was like literally when she says "and so," you start talking. Let her finish her sentences. MR. TISI: I'm going to ask I withdrew the question. BY MR. TISI: Q. My question is this MS. MILLER: You can't just withdraw a question in the middle
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1	where the patients were asked more than	1	idea and I don't know what the
2	once about their talc exposure?	2	relevance is in terms of of me
3	A. I cannot, but I'm not I'm	3	having issues or the
4	trying to say why that's not really a	4	limitations of this particular
5	relevant question.	5	study.
6	Q. Okay. I just want to know	6	BY MR. TISI:
7	if they were asked more than once in any	7	Q. Well well, then let me
8	of these studies.	8	let me
9		9	MR. SOILEAU: Let me do this
10	A. They weren't asked more than	10	
	once in the case-control studies either.	1	and fix this, because we may have
11	Q. Well, that was only because	11 12	gotten off. I don't think
12	they were retrospective, right?	1	MS. SHARKO: I thought only
13	A. Well, there are reasons why	13	one person
14	that asking only once in the cohort study	14	MR. SOILEAU: I'm doing
15	also is not entirely relevant.	15	exhibits. I'm not asking
16	Having to do with at the age	16	questions.
17	that women generally start using talc,	17	MR. TISI: It's an exhibit
18	which is early adulthood, and the fact	18	issue.
19	that it's a habitual use and it's very	19	MS. SHARKO: But I'm happy
20	unlikely that a woman age, say 55, who	20	to have you talk. That's okay.
21	hadn't been using talc would all of the	21	MR. SOILEAU: I'm just going
22	sudden start using talc.	22	to I think we agreed that we
23	Q. Are you do you think that	23	had 18 as the Viagra report, 19 as
24	you're a better qualified epidemiologist	24	Chapter 8 of the Rothman text.
	Page 335		Page 337
1	than Ken Rothman is?	1	And I do not believe in the
2	MR. LOCKE: Objection.	2	record that the "Six Persistent
3	MS. MILLER: Objection.	3	Research Misconceptions" that has
4	What's with these questions?	4	been discussed over the last pages
5	THE WITNESS: I'm not	5	with the witness was actually
6	speaking on I'm not speaking on	6	identified by number.
7	qualifications or not.	7	It has a sticker on it
8	I'm speaking on the fact	8	that's wrong. It should be
9	that there this is probably one	9	Exhibit 20.
10	of the only papers that that	10	MS. MILLER: It says 19. Do
11	takes this stance that the general	11	you want to make it 20?
12	accepted principles of	12	MR. SOILEAU: Yeah, here's a
13	epidemiology are wrong.	13	sticker. You can just stick it
14	BY MR. TISI:	14	over the top of it.
15	Q. Do you know do you know	15	MS. MILLER: I wrote 20
16	that Dr. Rothman was actually unlike	16	right over it.
17	you, Dr. Rothman was actually asked by	17	MR. SOILEAU: Okay. Very
18	the talc industry, including Johnson &	18	good. And I apologize for
19	Johnson, to consult for them on the	19	interrupting.
20	talc-ovarian cancer association, did you	20	(Document marked for
21	know that?	21	identification as Exhibit
22	MR. LOCKE: Objection.	22	Ballman-21.)
23	MS. MILLER: Objection.	23	MR. TISI: I'd like to show
24	THE WITNESS: I I have no	24	you Exhibit Number 24.
l		1	y · ·

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3	I: Ballman
2	
3	Buillian
4 MS. MILLER: You just 5 skipped 21, 22, 23. 5 at Johnson & MR. TISI: I'm sorry. 7 Vou're right. 8 BY MR. TISI: Q. I'm going to represent to 9 THE 10 you, Doctor, that Dr. Rothman and his 11 colleagues were asked to draft a report 11 commiss 12 BY MR. TIS 13 2000 related to tale and ovarian cancer. 14 Have you seen this before? 14 I'm going to somewhere? 15 A. Now is this published 15 because that 16 somewhere? 16 This was a re 17 Q. It was for the tale industry 17 National Tox of J&J? 18 including Johnson & Johnson. They 19 actually contributed to paying for it. 20 MR. LOCKE: Objection. 21 THE WITNESS: Sort of like 21 Q. So 22 an expert report is in litigation? 22 you. 23 BY MR. TISI 24 Q. Sort of like absolutely 24 Where does in 25 in 26 going to 19 Johnson & Johnson that they contacted 7 Q. The Johnson & Johnson that they contacted 7 Q. The Johnson & Johnson that they contacted 7 Q. The Johnson & Johnson that they contacted 7 Q. The Johnson & Johnson that they contacted 7 Q. The Johnson & Johnson that they contacted 7 Q. The MS. MILLER: Objection. Was 11 that a question or are you just 12 giving speeches now? 12 you. 15 Pr. Rothman this wasn't ji	
skipped 21, 22, 23. MR. TISI: I'm sorry. You're right. BY MR. TISI: Q. I'm going to represent to you, Doctor, that Dr. Rothman and his colleagues were asked to draft a report commiss do not the national toxicology program in commiss do not the national toxicology program in do not have you seen this before? A. Now is this published somewhere? A. Now is this published somewhere? Roy It was for the talc industry including Johnson & Johnson. They actually contributed to paying for it. MR. LOCKE: Objection. THE WITNESS: Sort of like an expert report is in litigation? A. Like I've been asked to do? Q. Like in real time, when the issues were but the difference is, see, they were asked by scientists at Johnson & Johnson that they contacted Dr. Rothman related to talc MR. LOCKE: Dipaction. Page 339 1 absolutely. Sort of like that. Like in A. Like I've been asked to do? Q. Like in real time, when the issues were but the difference is, see, they were asked by scientists at Johnson & Johnson that they contacted Dr. Rothman. It's the lawyers who contacted you. MS. MILLER: Objection. Was that a question or are you just diving me a speech. MS. MILLER: She's she's sitting	ike you, the scientists
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2 Q. I'm 3 A. Like I've been asked to do? 4 Q. Like in real time, when the 5 issues were but the difference is, 6 see, they were asked by scientists at 7 Johnson & Johnson that they contacted 8 Dr. Rothman. It's the lawyers who 9 contacted you. 9 Q. Ok 10 MS. MILLER: Objection. Was 11 that a question or are you just 12 giving speeches now? 13 MR. TISI: Well, no, she's 14 giving me a speech. 15 MS. MILLER: She's she's 16 this wasn't just	-
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4 Q. Like in real time, when the 5 issues were but the difference is, 6 see, they were asked by scientists at 7 Johnson & Johnson that they contacted 7 Q. Th 8 Dr. Rothman. It's the lawyers who 9 contacted you. 9 Q. Ok 10 MS. MILLER: Objection. Was 11 that a question or are you just 12 giving speeches now? 13 MR. TISI: Well, no, she's 14 giving me a speech. 15 MS. MILLER: She's she's 16 this wasn't just 17 Dr. Rothman 18 Dr. Rothman 19 Dr. Rothman 10 MS. MILLER: She's she's 11 Dr. Rothman 11 This wasn't just 12 Dr. Rothman 11 Dr. Rothman 12 Dr. Rothman 13 Dr. Rothman 14 Dr. Rothman 15 Dr. Rothman 16 Sitting	I'm allowed to ask you to
5 issues were but the difference is, 6 see, they were asked by scientists at 7 Johnson & Johnson that they contacted 7 Q. Th 8 Dr. Rothman. It's the lawyers who 9 contacted you. 9 Q. Ok 10 MS. MILLER: Objection. Was 11 that a question or are you just 12 giving speeches now? 13 MR. TISI: Well, no, she's 14 giving me a speech. 15 MS. MILLER: She's she's 16 this wasn't just 17 Dr. Rothman 18 Dr. Rothman 19 Dr. Rothman 10 MS. MILLER: She's she's 11 Dr. Rothman 11 Tist 12 Dr. Rothman 12 Dr. Rothman 13 Dr. Rothman 14 Dr. Rothman 15 Dr. Rothman 16 Sitting	and counsel will correct me
6 see, they were asked by scientists at 7 Johnson & Johnson that they contacted 7 Q. Th 8 Dr. Rothman. It's the lawyers who 9 contacted you. 9 Q. Ok 10 MS. MILLER: Objection. Was 11 that a question or are you just 12 giving speeches now? 13 MR. TISI: Well, no, she's 14 giving me a speech. 15 MS. MILLER: She's she's 16 this wasn't just 17 Dr. Rothman 18 Sitting	
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9 contacted you. 10 MS. MILLER: Objection. Was 11 that a question or are you just 12 giving speeches now? 13 MR. TISI: Well, no, she's 14 giving me a speech. 15 MS. MILLER: She's she's 16 this wasn't just 17 Q. Ok 18 MS. MILLER: She's she's 19 Q. Ok 10 MS. MS. MILLER: Objection. Was 110 MS. MS. MILLER: She's 121 Use judg 122 you. 133 BY MR. TISI 144 Q. So 155 Dr. Rothman 166 this wasn't just 167 This wasn't just 18 MS. MILLER: She's she's 19 Q. Ok 10 MS. MS. MILLER: Judg 10 MS.	
10 MS. MILLER: Objection. Was 11 that a question or are you just 11 the judg 12 giving speeches now? 13 MR. TISI: Well, no, she's 14 giving me a speech. 15 MS. MILLER: She's she's 16 sitting 16 this wasn't ju	• -
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12giving speeches now?12you.13MR. TISI: Well, no, she's13BY MR. TIS14giving me a speech.14Q. So15MS. MILLER: She's she's15Dr. Rothman16sitting16this wasn't ju	e will actually strike
13 MR. TISI: Well, no, she's 14 giving me a speech. 15 MS. MILLER: She's she's 16 sitting 18 MR. TISI: Well, no, she's 19 MR. TISI: Well, no, she's 10 MS. MILLER: She's she's 110 MS. MILLER: She's she's 111 MS. MILLER: She's she's 112 MS. MILLER: She's she's 113 MS. MILLER: She's she's 114 MS. TISI: Well, no, she's 115 MS. MILLER: She's she's 116 MS. MILLER: She's she's 117 MS. MILLER: She's she's 118 MS. MILLER: She's she's 119 MS. MILLER: She's she's	will decidify strike
14 giving me a speech. 15 MS. MILLER: She's she's 16 sitting 16 this wasn't ju	JI.
MS. MILLER: She's she's 15 Dr. Rothman 16 sitting 16 this wasn't ju	on Page 3 on Page 3,
16 sitting 16 this wasn't ju	and his two colleagues
\mathcal{E}	ist written by him, right?
I/ MIN NHARKO I II/ A Dis	
	t again, Dr. Rothman, it's
, , , , , , , , , , , , , , , , , , ,	ani of it kothmon
	ent of Dr. Rothman.
	ay. That's fine. He
	ay. That's fine. He osure misclassification."
Dr. Ballman, and I would ask you 22 A. Ye	ay. That's fine. He osure misclassification." ou see that section?
	ay. That's fine. He osure misclassification." you see that section?
24 MR. TISI: Okay. 24 "Nearly all t	ay. That's fine. He osure misclassification." /ou see that section?

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	Page 342		Page 344
1	studies. It is commonly believed that	1	A in terms of the habits.
2	the validity of case-control studies is	2	I don't know, I haven't
3	worse than cohort studies, but this view	3	looked at this literature. So I'd have
4	is mistaken."	4	to look to see. Do most coffee drinkers
5	Do you see that?	5	start when they're in their early
6	A. Yes, I do.	6	adulthood? Do most versus starting at
7	Q. Okay. And you disagree with	7	age 55. You know, it all depends on the
8	that?	8	specifics of the study.
9	A. Again, it's the same opinion	9	Q. The last two sentences here,
10	by the same individual and and I have	10	state what I think his his rule is.
11	stated that the general principles of	11	"The effect of having a poor measure of
12	epidemiology just does not support that.	12	exposure will be considerable
13	Q. Okay. And the next	13	nondifferential misclassification. A
14	sentence, "The validity of a study design	14	type of error that introduces bias into
15	depends on the specifics of the study	15	study results that tends to drive effect
16	design. The nature of the data and the	16	estimates towards the null condition of
17	nature of the hypothesis that the study	17	no effect.
18	addresses."	18	"In contrast, it may be
19	Do you agree with that?	19	possible to get more detailed information
20	A. So now he's getting into	20	from a study subject in a case-control
21	specifics. And I said I do agree that	21	study which might avoid some of the
22	one case-control study when compared to	22	biases that would result in the cohort
23	one cohort study could be the case that	23	study."
24	the case-control study is done a little	24	Do you see that?
	•		·
	Page 343		Page 345
1	better than the one cohort study. But	1	MR. LOCKE: Objection to
2	I'm arguing that I'm not arguing. I'm	2	form and to the reference to the
3	sorry.	3	last two sentences.
4	I'm just stating what the	4	MS. MILLER: I'm sorry. I
5	general epidemiology principle is, is	5	can't hear you.
6	that cohort studies, as a whole, have a	6	MR. LOCKE: Objection to
7	higher level of evidence for causality	7	form and the reference to the last
8	than do case-control studies.	8	two sentences.
9	Q. He makes the point, if you	9	BY MR. TISI:
10	go next sentence he gives an example.	10	Q. Read it to yourself. Do you
11	Next sentences says, "Although the	11	agree or disagree with those last two
11 12	Next sentences says, "Although the exposure information might be accurate at	11 12	
			agree or disagree with those last two
12	exposure information might be accurate at	12	agree or disagree with those last two sentences?
12 13	exposure information might be accurate at the time that it was collected, the	12 13	agree or disagree with those last two sentences? A. It's just a very general
12 13 14	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will	12 13 14	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree
12 13 14 15	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure	12 13 14 15	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I
12 13 14 15 16	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure might only be poorly correlated with a	12 13 14 15 16	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I think it depends very much on what the
12 13 14 15 16 17	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure might only be poorly correlated with a more meaningful measure."	12 13 14 15 16 17	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I think it depends very much on what the question that's under consideration or the study under consideration. And I
12 13 14 15 16 17	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure might only be poorly correlated with a more meaningful measure." Do you see that? A. And but this has to do in	12 13 14 15 16 17 18	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I think it depends very much on what the question that's under consideration or
12 13 14 15 16 17 18	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure might only be poorly correlated with a more meaningful measure." Do you see that? A. And but this has to do in particular with coffee drinkers and a	12 13 14 15 16 17 18 19	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I think it depends very much on what the question that's under consideration or the study under consideration. And I have to point out that says, "Which might thus avoid some of the biases that would
12 13 14 15 16 17 18 19 20	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure might only be poorly correlated with a more meaningful measure." Do you see that? A. And but this has to do in	12 13 14 15 16 17 18 19 20	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I think it depends very much on what the question that's under consideration or the study under consideration. And I have to point out that says, "Which might thus avoid some of the biases that would result in a cohort study."
12 13 14 15 16 17 18 19 20 21	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure might only be poorly correlated with a more meaningful measure." Do you see that? A. And but this has to do in particular with coffee drinkers and a one-time dietary assessment. So drinking coffee or not is different from whether	12 13 14 15 16 17 18 19 20 21 22	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I think it depends very much on what the question that's under consideration or the study under consideration. And I have to point out that says, "Which might thus avoid some of the biases that would result in a cohort study." It doesn't say will. It
12 13 14 15 16 17 18 19 20 21 22	exposure information might be accurate at the time that it was collected, the exposure status of cohort members will change with time and the initial measure might only be poorly correlated with a more meaningful measure." Do you see that? A. And but this has to do in particular with coffee drinkers and a one-time dietary assessment. So drinking	12 13 14 15 16 17 18 19 20 21	agree or disagree with those last two sentences? A. It's just a very general statement. I'm not sure what to agree with or not to agree with. Again, I think it depends very much on what the question that's under consideration or the study under consideration. And I have to point out that says, "Which might thus avoid some of the biases that would result in a cohort study."

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	Daga 346		Page 348
1 0 D ()1	Page 346	1	
	at's the point,		did not show a statistically significant
2 Doctor. And I'm	n really trying to back up	2	result, whereas in the case-control
3 a little bit.	. 11 1	3	studies, some did, some didn't. And by
	nt really here is,	4	levels of as I say throughout my
	have to do is look at the	5	report, as levels of evidence, one needs
	the studies, the cohort	6	to go with the cohort studies because
	ntrol studies like you	7	they have a higher level of evidence.
	igra report. You look at	8	I'm not comparing one individual cohort
	and you decide which one	9	study to one individual case-control
	nich one is worse, true?	10	study, where it might be the case that in
	ILLER: Objection.	11	that particular comparison of two
	ere did she say that in	12	different studies, maybe case-control was
13 the Viagra	report that you should	13	done a little better than cohort.
	n together? Can you	14	Q. So okay. So we'd talked
15 show that u	s? Because you showed	15	about statistical significance in a short
	ne report. It didn't	16	while.
	ou're misrepresenting	17	So but so what you're
18 her testimo	ny.	18	saying is where there is a if you have
19 MR. T	SI: Counsel, please	19	some studies that are cohort studies that
20 stop.	• •	20	are not statistically significant and
	ILLER: You're	21	some studies that are case-controls that
22 misreprese	nting her report. This	22	are statistically significant, the cohort
23 is crazy.		23	studies win?
	SI: Stop. It is	24	MS. MILLER: Objection.
	•		·
	Page 347		Page 349
1 crazy. Wh	at is crazy is your	1	THE WITNESS: I am not in
	paching objections.	2	general. I am saying no, I did
3 That's craz	y.	3	not say that in general. I said
4 BY MR. TISI:		4	in the data and the analyses I
5 Q. Docto	r, in your case in	5	looked at, that was one component
6 your Viagra rep	ort you put case-control	6	of the whole totality of the
7 and cohort stud	ies in the same level of	7	analyses.
8 evidence, did ye	ou not?	8	BY MR. TISI:
	ot believe I do.	9	Q. Okay. And statistical
10 Q. Okay.		10	significance was very important to you in
	just given one case	11	that way, in other words you kind of
	I no, I do not believe	12	put you saw whether there's a pattern.
13 I do.	,	13	You put together the statistically
	Now, isn't it true	14	significant results, the statistically
	y, instead of just	15	nonsignificant results, and you felt that
J	cohort is better than	16	the statistically nonsignificant results
	ou have to look at the	17	had the better reliability?
, , ,	ey're designed, what they	18	A. Again, I don't what I did
/	ne data shows; isn't that	19	was I looked at the totality of the data.
20 true?	DIIO 110, IDII t titti	20	I saw in the case-control studies, there
	nat's what I did, and I	21	were some statistically significant and
	ial S what i the and i		
21 A. And the			
21 A. And the 22 applied underly	ing epidemiological	22	some not statistically significant.
21 A. And the 22 applied underly 23 principles. And			

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1	statistically significant. So I do not	1	The hospital-based controls, none of them
2	believe that I just sort of put all the	2	were statistically significant. And
3	nonstatistically significant studies	3	those were case-control studies. You
4	together and the statistically	4	know, so you look at the different study
5	significant studies together. I do not	5	designs, and you're getting different
6	believe that's what I did.	6	sort of results, and that's an
7	Q. Do you think statistical	7	inconsistency.
8	significance is the issue that is the	8	Q. Okay. And so they're
9	defines your opinion? In other words	9	inconsistent in that some are
10	in other words, where you feel that there	10	
11	is inconsistency between the	11	statistically significant and others aren't?
12		12	
13	observational data, because some studies	13	MS. MILLER: Objection.
	were not statistically significant and	1	THE WITNESS: Again, taken
14	others were.	14	as a whole and I also talk
15	MS. MILLER: Objection.	15	about the fact that if you look at
16	BY MR. TISI:	16	the magnitude of the estimates
17	Q. True?	17	BY MR. TISI:
18	MS. MILLER: Objection.	18	Q. We'll talk about that.
19	THE WITNESS: I don't	19	A that were produced
20	believe that's what I stated. And	20	well, that has to do with consistency
21	I believe I stated all along that	21	too.
22	I did the Bradford Hill analyses.	22	Q. I'm going to talk about I
23	You know, I looked at strength of	23	need to
24	association. I looked at	24	A. Well, no, you asked me if my
	Page 351		Page 353
1	consistency. And I made a note in	1	consistency is just on the basis if
2	terms of consistency that there	2	Q. I didn't.
3	was no consistency on many a	3	A there's statistical
4	lack of consistency on many	4	significance or not.
5	different levels.	5	Q. Doctor, you know, when I
6	BY MR. TISI:	6	ask when I ask a question, it involves
7	Q. Okay. Are you done?	7	different variables, I get accused of
8	MS. MILLER: Are you are	8	asking a compound question. So I'm
9	you still talking?	9	asking you one question at a time.
10	THE WITNESS: So this	10	Is statistical significance,
11	factor so consistency is that,	11	when you looked at these studies overall,
12	you know, it needs to be multiple	12	did you find that the statistically
13	studies across different locations	13	significant results were counter-balanced
14	and populations, and study designs	14	by the statistically insignificant
15	have to show a similar association	15	results?
16	between the exposure and outcome.	16	MS. MILLER: Objection.
17	I would also note within the	17	THE WITNESS: I do not
18	case-control studies	18	I'm sorry.
19	BY MR. TISI:	19	
20	Q. Can I can I ask you	20	I do not know what you mean by counterbalance.
∠ ∪		21	BY MR. TISI:
		<u> </u>	DI MIN. 1191.
21	A the hospital-based		O In other would did there
21 22	Q a question here? Can I	22	Q. In other words, did they
21			Q. In other words, did they negate them? MS. MILLER: Objection.

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	Page 354		Page 356
1	THE WITNESS: That's not	1	
2		2	A. I didn't say that they
3	what I said. BY MR. TISI:	3	shouldn't be done. But to be done
			correctly and how to look at them
4	Q. Are they inconsistent with	4	correctly, and is to do a separate
5	them? Is it inconsistent that some	5	case meta-analyses of the case-control
6	studies are statistically significant and	6	studies, and a separate of the cohort
7	others aren't?	7	studies, and not just do one case or
8	A. Again, consistency requires	8	one meta-analysis that combine both
9	that multiple studies across different	9	together.
10	locations, populations, and study designs	10	And a lot of the
11	show similar association between the	11	meta-analysis, they do report out
12	exposure and the outcome.	12	separately for the case-control studies
13	So I looked at case-control	13	and the cohort studies.
14	studies, which is one design. And within	14	Q. But they do a meta-analysis
15	case-control studies you have	15	combining all the studies, every single
16	population-based case-control studies,	16	one of them combine all the studies?
17	which is a design. You have	17	MS. MILLER: Objection.
18	hospital-based control studies, which is	18	THE WITNESS: Yes. And I
19	a design.	19	have I do know that I have
20	You also have cohort	20	citations in here somewhere that
21	studies, which is another different	21	shows that that is a problem with
22	design.	22	meta-analysis. Because it lumps
23	And when you look across	23	over you won't be able to see
24	that, you do not come up with the same	24	consistency or not, but you you
1		1	
1 2	association.	1	just have one result. So you
	O Tout the at restore store of	1 2	
	Q. Isn't that why you do a	2	can't see where the results
3	meta-analysis?	3	can't see where the results differ.
3 4	meta-analysis? A. No.	3 4	can't see where the results differ. BY MR. TISI:
3 4 5	meta-analysis? A. No. Q. Okay. Well	3 4 5	can't see where the results differ. BY MR. TISI: Q. Now, in criticize
3 4 5 6	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me	3 4 5 6	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good
3 4 5 6 7	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that.	3 4 5 6 7	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break?
3 4 5 6 7 8	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant	3 4 5 6 7 8	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you
3 4 5 6 7 8 9	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant that if results differ from each other	3 4 5 6 7 8	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you need it. Do you need it?
3 4 5 6 7 8 9	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant that if results differ from each other you throw them all together to get a	3 4 5 6 7 8 9	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you need it. Do you need it? MS. MILLER: Do you need it?
3 4 5 6 7 8 9 10	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant that if results differ from each other you throw them all together to get a result that you want. And in fact if	3 4 5 6 7 8 9 10	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you need it. Do you need it? MS. MILLER: Do you need it? THE WITNESS: I need it.
3 4 5 6 7 8 9 10 11	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant that if results differ from each other you throw them all together to get a result that you want. And in fact if results are different from each other,	3 4 5 6 7 8 9 10 11 12	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you need it. Do you need it? MS. MILLER: Do you need it? THE WITNESS: I need it. MS. MILLER: It's not about
3 4 5 6 7 8 9 10 11 12 13	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant that if results differ from each other you throw them all together to get a result that you want. And in fact if results are different from each other, you shouldn't do a meta-analyses. That's	3 4 5 6 7 8 9 10 11 12	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you need it. Do you need it? MS. MILLER: Do you need it? THE WITNESS: I need it. MS. MILLER: It's not about me. It's about her.
3 4 5 6 7 8 9 10 11 12 13	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant that if results differ from each other you throw them all together to get a result that you want. And in fact if results are different from each other, you shouldn't do a meta-analyses. That's heterogeneity	3 4 5 6 7 8 9 10 11 12 13 14	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you need it. Do you need it? MS. MILLER: Do you need it? THE WITNESS: I need it. MS. MILLER: It's not about me. It's about her. MR. TISI: Absolutely. If
3 4 5 6 7 8 9 10 11 12 13 14	meta-analysis? A. No. Q. Okay. Well A. Meta-analysis let me answer finish that. Meta-analyses are not meant that if results differ from each other you throw them all together to get a result that you want. And in fact if results are different from each other, you shouldn't do a meta-analyses. That's heterogeneity Q. So you think	3 4 5 6 7 8 9 10 11 12 13 14	can't see where the results differ. BY MR. TISI: Q. Now, in criticize MS. MILLER: Is this a good time for a break? MR. TISI: No. Unless you need it. Do you need it? MS. MILLER: Do you need it? THE WITNESS: I need it. MS. MILLER: It's not about me. It's about her. MR. TISI: Absolutely. If she needs it, she can always ask
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90 (Pages 354 to 357)

	Page 358		Page 360
1	Off the record.	1	A. It's why I disagree with the
2	(Short break.)	2	methodology.
3	THE VIDEOGRAPHER: Okay. We	3	Q. Okay. And for the record,
4	are back on the record. The time	4	the cohort studies are what? Gertig,
5	is 2:34 p.m.	5	Gates, Houghton and Gonzales?
6	BY MR. TISI:	6	A. Yeah, it depends on how you
7	Q. In your report Doctor,	7	count cohort studies. But those are
8	we're talking about the talc studies	8	publications on the cohort studies.
9	now you have some criticisms of the	9	Q. And so it's not that the
10	plaintiffs' experts in how they addressed	10	plaintiffs' experts don't consider the
11	the biases in the cohort studies and you	11	cohort studies, they just think that on
12	give your opinions about them, and it's	12	balance they're not as reliable as
13	pretty clear in your report. You know	13	MR. TISI: What are you
14	that section, correct?	14	shaking your head for?
15	MS. MILLER: Is that a	15	MS. MILLER: Because
16	question?	16	you're okay, I'll wait. I'll
17	MR. TISI: Yes.	17	object at the end. I didn't mean
18	THE WITNESS: Can you point	18	to be shaking my head.
19	me to the section, please?	19	MR. TISI: You've been doing
20	BY MR. TISI:	20	it the whole time.
21	Q. Sure. I'm happy to do that.	21	MS. MILLER: There's a video
22	On Page 28. Do you see you're addressing	22	that will
23	the issues that the plaintiffs' experts	23	MR. TISI: It will.
24	raise about the cohort studies and you	24	BY MR. TISI:
	Page 359		Page 361
1	address them and your opinions about them	1	Q. So the question is not
2	are pretty clear.	2	your contention is not that the
3	A. So you're talking about the	3	plaintiffs' experts don't address the
4	paragraph that says, "The final argument	4	cohort studies. You just disagree about
5	made by plaintiffs' experts"?	5	the interpretation that they give to the
6	Q. Yeah. Actually and it	6	cohort studies; is that fair?
7	starts you talk about all of the	7	MS. MILLER: Objection.
8	you address all of the issues that I	8	Objection.
9	mean, this is not a trick question.	9	THE WITNESS: My concern is
10	A. Yeah.	10	the methodology used by the
11	Q. You are addressing all of	11	plaintiffs in doing their their
11 12	the issues that the plaintiffs' experts	12	plaintiffs in doing their their whole analyses of the data in
11 12 13	the issues that the plaintiffs' experts raise about the cohort studies here, and	12 13	plaintiffs in doing their their whole analyses of the data in total.
11 12 13 14	the issues that the plaintiffs' experts raise about the cohort studies here, and you don't think that they're valid, and	12 13 14	plaintiffs in doing their their whole analyses of the data in total. BY MR. TISI:
11 12 13 14 15	the issues that the plaintiffs' experts raise about the cohort studies here, and you don't think that they're valid, and you give the reasons for that, correct?	12 13 14 15	plaintiffs in doing their their whole analyses of the data in total. BY MR. TISI: Q. And what methodology do you
11 12 13 14 15 16	the issues that the plaintiffs' experts raise about the cohort studies here, and you don't think that they're valid, and you give the reasons for that, correct? MS. MILLER: Objection.	12 13 14 15 16	plaintiffs in doing their their whole analyses of the data in total. BY MR. TISI: Q. And what methodology do you think that they used wrong with respect
11 12 13 14 15 16	the issues that the plaintiffs' experts raise about the cohort studies here, and you don't think that they're valid, and you give the reasons for that, correct? MS. MILLER: Objection. Objection.	12 13 14 15 16 17	plaintiffs in doing their their whole analyses of the data in total. BY MR. TISI: Q. And what methodology do you think that they used wrong with respect to the cohort studies?
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1 studies, I point out, you know, what they 2 say as to why, you know, they say that, 3 well, the cohort studies, you know, 4 really have no play in terms of 5 determining consistency. 6 Q. Is that what you think they 7 say? 8 A. I'm paraphrasing. I do 9 not I do not see I don't know 10 offhand, and I'll have to read through 11 carefully. But it's I seem to remember 12 that none of the plaintiffs' experts said 13 that that they gave cohort studies 14 more weight than they did the 15 case-control studies. 16 Q. And you think that they 17 should have said cohort studies should be 18 given more weight than case-control 19 studies? 20 A. I'm 21 MS. MILLER: Objection. 22 THE WITNESS: I'm saying 23 MS. MILLER: Please give me 24 time to object. I know everybody 2 say as to why, you know, they say that, 2 them. There's misclassification bias 2 them. There's misclassification bias 2 them. There's misclassification bias 2 that they identified. You know what that 2 them. There's misclassification bias 3 that they identified. You know what that is, right? A. Can you point in particular where they identified a mis Q. Well, I'm asking you. You identified it in your report. You said that one of the issues that were raised was that they did not the issue that Dr. Rothman raised MS. MILLER: Do you want to tell us what page you are reading? MR. TISI: Page 28. MS. MILLER: That would help a lot. MR. TISI: I'm on Page 28. I told you before. THE WITNESS: Yeah, yeah, but I don't know from there where you're reading. BY MR. TISI: Q. Okay. Let me ask you this. Did they identify misclassification bias?		Davis 260		D 264
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20 accepted principle in epidemiology that 20 lumping them altogether.				
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	22			
Q. Dut the blases that the		that's correct. Q. But the biases that the	23 24	BY MR. TISI: Q. Plaintiffs' experts. It

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	Page 366		Page 368
1		1	
1	says the final argument made by	1	THE WITNESS: That's more of
2	plaintiffs' experts.	2	a feasibility question and a
3	A. Yes. And I cite two of	3	resource question. I don't see
4	them, so what is 15 and 73?	4	how that creates any biases or
5	So one is, as I we've	5	confounding or issues like that.
6	been talking about, is that the level of	6	BY MR. TISI:
7	evidence in cohort studies is weaker than	7	Q. One of the things that you
8	that in case-control studies.	8	raised is that Narod had mentioned that
9	And number 15 and 73 are	9	there should be 200,000 patients. Do you
10	so that would be McTiernan and Moorman.	10	remember that?
11	Q. Okay. So now let me ask you	11	A. Yes, I do. We can look at
12	this. Do the witnesses do as a whole,	12	it here.
13	do the plaintiffs' experts, one, or all	13	Q. Let me ask you. Did you
14	of them, talk about the issue of	14	ever did you did you do any power
15	misclassification bias?	15	calculation to determine how big a cohort
16	MS. MILLER: Objection.	16	study would have to be in order to
17	THE WITNESS: I can't	17	identify a risk of ovarian cancer?
18	remember off the top of my head.	18	MR. LOCKE: Objection.
19	BY MR. TISI:	19	BY MR. TISI:
20	Q. But you know what	20	Q. If you disagree if you
21	misclassification bias is, right?	21	disagree with Dr. Narod?
22	A. Yes, I do.	22	MS. MILLER: Objection.
23	Q. What is it?	23	Is the question the first
24	A. It's when you put a case	24	one or is the second question?
	3 1		1
	Page 367		Page 369
1	into the control group or you put a	1	Is, "Do you disagree with
2	control into the case group.	2	Dr. Narod a question?" Or is it
3	Q. Okay. And that is a	3	editorial content? What is that?
4	recognized bias and that's what	4	Objection.
5	Dr. Rothman was talking about is a	5	MR. TISI: Thank you.
6	recognized bias within within cohort	6	That's that's all you have to
7	studies, correct?	7	say.
8	A. It doesn't have to be just	8	MS. MILLER: Well, I need to
9	cohort studies you can have	9	know.
10		I	
	misclassification biases in case-control	10	MR. TISI: You don't.
11	misclassification biases in case-control studies.	10 11	MR. TISI: You don't. MS. MILLER: The witness
	studies.		
11	studies. Q. Okay. But that is a	11	MS. MILLER: The witness needs to know.
11 12	studies. Q. Okay. But that is a recognized concern about cohort studies,	11 12	MS. MILLER: The witness
11 12 13	studies. Q. Okay. But that is a recognized concern about cohort studies, right?	11 12 13	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine.
11 12 13 14 15	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to	11 12 13 14 15	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know
11 12 13 14 15 16	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at	11 12 13 14 15 16	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is?
11 12 13 14 15 16 17	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at cohort studies. It doesn't mean that	11 12 13 14 15 16 17	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is? THE WITNESS: I'm not sure.
11 12 13 14 15 16 17 18	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at cohort studies. It doesn't mean that every cohort study has misclassification	11 12 13 14 15 16 17 18	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is? THE WITNESS: I'm not sure. BY MR. TISI:
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11 12 13 14 15 16 17 18 19 20	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at cohort studies. It doesn't mean that every cohort study has misclassification bias. Q. Isn't it also another	11 12 13 14 15 16 17 18 19 20	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is? THE WITNESS: I'm not sure. BY MR. TISI: Q. Doctor A. But I heard that I
11 12 13 14 15 16 17 18 19 20 21	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at cohort studies. It doesn't mean that every cohort study has misclassification bias. Q. Isn't it also another concern that the studies that cohort	11 12 13 14 15 16 17 18 19 20 21	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is? THE WITNESS: I'm not sure. BY MR. TISI: Q. Doctor A. But I heard that I Q. Because you were queued by
11 12 13 14 15 16 17 18 19 20 21	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at cohort studies. It doesn't mean that every cohort study has misclassification bias. Q. Isn't it also another concern that the studies that cohort studies are difficult to design if	11 12 13 14 15 16 17 18 19 20 21 22	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is? THE WITNESS: I'm not sure. BY MR. TISI: Q. Doctor A. But I heard that I Q. Because you were queued by your lawyer, let me ask you this
11 12 13 14 15 16 17 18 19 20 21 22 23	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at cohort studies. It doesn't mean that every cohort study has misclassification bias. Q. Isn't it also another concern that the studies that cohort studies are difficult to design if they're studying a rare disease?	11 12 13 14 15 16 17 18 19 20 21 22 23	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is? THE WITNESS: I'm not sure. BY MR. TISI: Q. Doctor A. But I heard that I Q. Because you were queued by your lawyer, let me ask you this MS. MILLER: It doesn't take
11 12 13 14 15 16 17 18 19 20 21 22	studies. Q. Okay. But that is a recognized concern about cohort studies, right? A. It's something one needs to be aware of when they are looking at cohort studies. It doesn't mean that every cohort study has misclassification bias. Q. Isn't it also another concern that the studies that cohort studies are difficult to design if	11 12 13 14 15 16 17 18 19 20 21 22	MS. MILLER: The witness needs to know. MR. TISI: She's doing just fine. MS. MILLER: Do you know what the question is? THE WITNESS: I'm not sure. BY MR. TISI: Q. Doctor A. But I heard that I Q. Because you were queued by your lawyer, let me ask you this

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	Page 370		Page 372
1		1	
1	BY MR. TISI:	1	A. I'm saying on the basis of
2	Q. You recall you recall	2	what we have here, I mean, if you read
3	MR. TISI: Counsel, please.	3	that whole thing, it says, "Across the
4	BY MR. TISI:	4	three prospective studies there's 1,400
5	Q. You recall that you that	5	women with ovarian cancer, over 200,000
6	Dr. Narod said that you would have to	6	without." So if you take those numbers,
7	have 200,000 patients in a cohort study	7	the power to detect a hazard ratio of 1.2
8	in order to detect detect ovarian	8	or larger is over 90 percent with a
9	cancer, do you remember that?	9	two-sided level of significance of .05.
10	A. We can go to the Narod	10	Q. Do you know whether or not
11	study. I just want to make sure exactly	11	other people outside of litigation have
12	what he said, but	12	actually looked at the concerns about the
13	MS. MILLER: Is there a	13	cohort studies that the plaintiffs'
14	specific part of her report that	14	experts have identified?
15	you're referring to?	15	A. I'm not sure what the
16	MR. TISI: I'll find it for	16	question is.
17	you. Honestly, she remembers it,	17	Q. Well, I'll read it again.
18	so you don't have to keep doing	18	A. I mean, is there a
19	that.	19	publication that looked at the cohort
20	BY MR. TISI:	20	Q. Do you know whether or not
21	Q. Do you see in the middle of	21	people people, scientists outside of
22	Page 26 where it says, on your report,	22	litigation, have looked at the issues
23	"Across two different prospective	23	related to the talc cohort studies and
24	studies, there were approximately 1,400	24	agreed with the plaintiffs?
	The state of the s		
	Page 371		Page 373
1	women diagnosed with ovarian cancer and	1	MS. MILLER: Objection.
2	more than 200,000 women who were not	2	THE WITNESS: I'm I mean,
3	diagnosed with ovarian cancer."	3	the meta-analyses obviously looked
4	Do you see that?	4	at the cohort studies, and I do
5	A. Yes. I see that.	5	not remember
6	Q. Okay. So now my question	6	BY MR. TISI:
7	is, did you do any power calculations to	7	Q. Did you read the Taher?
8	determine how big the cohort studies	8	A. The unpublished study that
9	would have to be to detect ovarian	9	hasn't been through peer review yet?
10	cancer, or are you relying on Narod?	10	Q. Actually it's actually
11	A. I think if you go down. It	11	been through peer review. But it's not
12	says the power to detect a hazard ratio	12	been published yet. You're correct.
13	of 1.2 or larger is over 90 percent with	13	But let me ask you
14	a two-sided level of confidence of 0.05.	14	A. So there's a notification of
15	Clearly this is sufficient power for an	15	publication?
16	association of 1.26 that is observed in	16	Q. Doctor, just I'm not
17	the case-control studies to be found	17	under I'm not under oath here.
18	statistically significant.	18	A. Sorry.
19	So that so that is a	19	Q. I'm asking you I'm asking
20	power statement.	20	you this question?
21	Q. Okay. I'm asking you how	21	A. Yeah.
22	many patients would have to be enrolled	22	MR. TISI: Are we laughing?
		23	
2.3			is inal pari oi pari oi
23 24	in a study. So what would that turn out to be?	24	Is that part of part of deposition protocol?

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			2006
	Page 374		Page 376
1	MS. SHARKO: Well, you	1	was no question pending, Counsel.
2	represented that it was	2	BY MR. TISI:
3	peer-reviewed.	3	Q. Okay. If you go to Page 43.
4	MR. TISI: I'm	4	It says at the top, Although the reasons
5	representing	5	are unclear, the difference potentially
6	MS. SHARKO: And then you say	6	due to issues related to latency, study
7	you're not under oath. Can we see	7	power or exposure misclassification.
8	the peer review? Are you guys	8	And they're talking about
9	part of that?	9	the difference between cohort and case
10	BY MR. TISI:	10	controls.
11	Q. Doctor Doctor	11	Do you see that?
12	MR. TISI: I'm not part of	12	A. I'm sorry, where were you
13	it, Counsel. You know I'm not	13	reading again? Was it starting
14	part of it.	14	"although"?
15	MS. SHARKO: No, I don't.	15	Q. And the very top, "The
16	BY MR. TISI:	16	effect estimates of the meta-analysis
17	Q. Do you know whether or not	17	reported on 24-case-control studies"
18	the Taher authors have identified the	18	A. Yes.
19	same weaknesses with the cohort study as	19	Q "and three cohort studies
20	the plaintiffs' experts did?	20	and refer to ever versus never use of
21	A. I don't remember off the top	21	perineal talc. And it talks about the
22	of my head	22	fact that there's a difference between
23	Q. Let's look at it.	23	the case-control and the cohort studies.
24	A but I would have sort of	24	Do you see that?
	Page 375		Page 377
1	the same	1	A. Yes, I do.
2	MR. TISI: Yes, hers has the	2	Q. Okay. And "Although the
3	tab.	3	reasons for this are unclear, the
4	MS. MILLER: Do you want	4	difference could potentially be due to
5	this tab?	5	issues related to latency, study power or
6	BY MR. TISI:	6	exposure misclassification," correct?
7	Q. You read the you read	7	A. You know, that's what he
8	the	8	says there. And I think it's really
9	MR. TISI: Yes, I did that	9	striking that he doesn't talk about what
10	to make her life easy.	10	most people talk about in terms of the
11	(Document marked for	11	limitations of the case-control studies.
12	identification as Exhibit	12	So most people would say well, the reason
13	Ballman-22.)	13	is, is because there's recall bias. And
14	THE WITNESS: So this looks	14	we do have evidence of how recall bias
15	like a draft.	15	can affect these results from
16	BY MR. TISI:	16	Schildkraut. And so and so there it
17	Q. Yes, correct.	17	can be kicked around
18	A. So whether it's been	18	Q. There's no question
19	peer-reviewed.	19	there's no question pending.
20	Q. I'm asking you I'm asking	20	A. Well, you asked me
21	you whether they identified	21	Q. I didn't ask you. I asked
22	MS. MILLER: You just	22	you whether I read that right.
23	interrupted her.	23	MS. MILLER: Please stop
ì		l	_
24	MR. TISI: Okay. I there	24	interrupting her.

95 (Pages 374 to 377)

	Page 378		Page 380
1	MR. TISI: I asked you	1	addressed in this paper?
2	MS. MILLER: She wants to	2	A. I don't know.
3	give full, accurate answers.	3	Q. Okay.
4	MR. TISI: But there was no	4	A. And let me just point
5	question pending.	5	Q. So now, let's talk about the
6	MS. MILLER: And you're	6	cohort studies, which is what we were
7	trying to stonewall her.	7	talking about.
8	MR. TISI: No, she's trying	8	MS. MILLER: She was in the
9	to stonewall me.	9	middle of a sentence.
10	BY MR. TISI:	10	BY MR. TISI:
11	Q. I'm asking you this. I said	11	Q. The next paragraph talks
12	their reason they identify three reasons	12	about latency. It says, "Although cohort
13	why there could be a difference between	13	designs are efficient in examining
14	the case-control and the cohort studies,	14	diseases with long latency periods, it is
15	did they not? And the answer is either a	15	essential that the period between talc
16	yes or no.	16	exposures and cancer's diagnosis be
17	MS. MILLER: Sometimes in	17	specific" "sufficiently long.
18	life an answer isn't yes or no.	18	Gonzales suggested that the latency
19	And if the witness feels like she	19	period for ovarian cancer is between 15
20	needs to give a complete answer,	20	and 20 years.
21	please allow her to give a	21	"In the cohort studies
22	complete answer.	22	included in this review, Houghton
23	BY MR. TISI:	23	reported a mean follow-up of 12.4 years
24	Q. Doctor, did I read the	24	while Gates followed a cohort of women
	Q. Doctor, and I read the		wine Gates followed a consist of worker
	Page 379		Page 381
1	following statement correct:	1	for 24 years. Gertig and Gonzales
2	"Although the reasons for	2	noticed that" "noted that one of their
3	this are unclear, the difference could	3	studies' main limitations one was the
4	potentially be due to issues related to	4	relatively short follow-up period that
5	latency, study power, or study	5	may not accurately detect a potential
6	misclassification."	6	association between talc exposure and
7	A. You read that sentence	7	ovarian cancer."
8	correct. But you were saying that	8	Do you see that?
9	that there are experts outside of	9	MR. LOCKE: Objection.
10	litigation that have the same objections	10	THE WITNESS: I do see that.
11	as do the plaintiffs' experts. And so I	11	BY MR. TISI:
12	was and you're citing this.	12	Q. Okay. And that is the very
13	Q. Okay.	13	same thing that the plaintiffs' experts
14	A. And I'm trying to be	14	identify, correct?
15	completely, you know, truthful. And I'm	15	MS. MILLER: Objection.
16	saying this is surprising to me, because	16	BY MR. TISI:
17	first of all, it hasn't been put through	17	Q. You disagree with it, but
18	peer review. So I don't know if this	18	they identified it?
19	will stand. The reviewers may say	19	MS. MILLER: Objection.
20	well, you can say this the other way,	20	THE WITNESS: And I'm saying
21	which most people would, is the issue is,	21	that the methodology and and
22	is that the case-control studies have	22	sort of what's being stated here
23	recall bias and selection bias.	23	is is not a true representation
24	Q. Have those not been	24	of what's going on.
	<u> </u>		2- ·· 2 8 3····

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1 Q. So the next nor has your report, right? 2 BY MR. TISI: 3 Q. My question is 4 BY MR. TISI: 4 MS. MILLER: So 5 Q. Your report hasn't been 5 BY MR. TISI: 6 peer-reviewed, right? 6 Q were any were any of the cohort studies above 80,000 women 8 THE WITNESS: So I'm not 9 using anything outside of 10 litigation that hasn't been 10 studies, there it meets, as I said in 11 peer-reviewed to say, look, you 11 my report, meets the 200,000, and there 12 know, this 12 is sufficient power there. And The 13 BY MR. TISI: 13 meta-analyses of the cohort studies did 14 Q. But your 15 A is in support of that. 15 PY MR. TISI: 16 And so that's 17 Q. But your report 18 A what I'm saying. 18 A. Oh, let's look at I think 19 Q has not been 19 Berge has meta-analysis of the cohort. 20 peer-reviewed, correct? 20 Penninkilampi also has a meta-analysis. 21 A. But that wasn't the relevant 17 Those are the two most recent ones. And 17 think 19 Py MR. But that wasn't the relevant 19 Those are the two most recent ones. And 19 Py MR. TISI: 10 Py MR. TISI:		Page 382		Page 384
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4 BY MR. TISI: 5 Q. Your report hasn't been 6 peer-reviewed, right? 6 MS. MILLER: Objection. 7 MS. MILLER: Objection. 8 THE WITNESS: So I'm not 9 using anything outside of 10 litigation that hasn't been 11 peer-reviewed to say, look, you 12 know, this 13 BY MR. TISI: 14 MS. MILLER: So 15 BY MR. TISI: 10 studies above 80,000 women at the cohort studies above 80,000 women at the meta-analyses of the cohort studies, there it meets, as I said in my report, meets the 200,000, and there is sufficient power there. And The meta-analyses of the cohort studies did Q. But your 15 A is in support of that. 16 And so that's 17 Q. But your report 18 A what I'm saying. 19 Q has not been 19 Berge has meta-analysis of the cohort. 20 peer-reviewed, correct? 21 Those are the two most recent ones. An	3		3	O. My question is
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	22	thing.	22	those are published.
23 Q. Okay. 23 Q. The next the next thing		•		
24 A. You were pointing to 24 deals with the misclassification bias.				
Source with the first transfer of the first				

	Dama 200		Dama 200
_	Page 386	_	Page 388
1	MR. TISI: God bless you.	1	sort of take a deeper dive and see if
2	BY MR. TISI:	2	there's any evidence for or against that.
3	Q. On the next page, it says,	3	Q. Let's talk about strength of
4	Finally, in cohort studies talc exposure	4	association.
5	was assessed at cohort entry and was used	5	You I'm going to do this
6	to measure as a measure of chronic	6	pretty quickly I think. On Page 22 of
7	talc use during follow-up.	7	your report you talk about that, correct?
8	It is possible women who	8	A. I have a section that says
9	were not exposed to perineal talc at the	9	strength of association.
10	time of cohort entry began using talc	10	Q. And the first two sentences,
11	later time and vice versa, possibly	11	you say, "The criterion does not have a
12	introducing nondifferential	12	hard threshold. There is no cut-off
13	misclassification of exposure, which	13	value for the magnitude of an association
14	could have biased the risk estimate	14	between an exposure required for a
15	towards the null value of unity.	15	relationship to be causal."
16	MS. MILLER: I just want to	16	And you agree with that,
17	say object. That was paraphrased.	17	correct?
18	It wasn't read exactly.	18	A. There's no hard threshold.
19	BY MR. TISI:	19	I mean, there is no hard number that, you
20	Q. Do you read that?	20	know, people would say, oh, it's 1.31.
21	A. I see where you're reading	21	No, it's 1.32.
22	from.	22	Q. Okay. On Page 22, again,
23	Q. And that's the same	23	you say, "Most epidemiologists regard the
24	misclassification bias that Dr. Rothman	24	relative risk odds ratio or risk ratios
	Page 387		Page 389
	Page 387		Page 389
1	mentioned and plaintiffs' experts also	1	are less than 1.5 to be weak
2	mentioned and plaintiffs' experts also experts also mentioned as well.	2	are less than 1.5 to be weak relationships."
2 3	mentioned and plaintiffs' experts also experts also mentioned as well. A. Yeah. And that's just a	2 3	are less than 1.5 to be weak relationships." Do you see that?
2 3 4	mentioned and plaintiffs' experts also experts also mentioned as well. A. Yeah. And that's just a statement there, but it doesn't go into	2 3 4	are less than 1.5 to be weak relationships." Do you see that? A. Yes. And I have citations
2 3 4 5	mentioned and plaintiffs' experts also experts also mentioned as well. A. Yeah. And that's just a statement there, but it doesn't go into sort of how this applies to talc in	2 3 4 5	are less than 1.5 to be weak relationships." Do you see that? A. Yes. And I have citations there.
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	Page 390		Page 392
1	MR. TISI: Exhibit 30,	1	really well respected journal.
2	please.	2	Q. Do you know, Doctor, that
3	MS. MILLER: So that would	3	Taubes is a journalist and not a doctor?
4	be 23.	4	A. Oh, I did not realize that.
5		5	
6	MR. SOILEAU: Yes, that would be 23.	6	But he's quoting many individuals in here
7		7	who are famous epidemiologists, Norman Breslow.
8	MS. MILLER: I can't figure	8	
9	out your code. But you're always	9	Q. Doctor, do you see a nice,
10	off by a always a different	10	big picture of
11	number.	11	A. I see Ken Rothman in there.
12	MR. TISI: Yes, it is,		Q. Yeah.
	because I'm off my	12	A. Who you say is so he
13	MS. MILLER: It's not like I	13	he may be reporting. But it's Sander
14	can even add or subtract.	14	Greenland.
15	(Document marked for	15	Q. That's the other guy who, if
16	identification as Exhibit	16	you look at the book there, they both
17	Ballman-23.)	17	co-authored the book on epidemiology?
18	BY MR. TISI:	18	A. Right.
19	Q. I don't have the whole	19	Q. All right. And first of
20	thing. But I'm going to give you mine.	20	all, is this a peer-reviewed article?
21	This is an article by Dr. Taubes. And it	21	A. Since it says "Special news
22	has my highlighting on it, which of	22	report," I don't know if it was
23	course I will be glad to substitute one.	23	peer-reviewed or not.
24	MS. SHARKO: We don't mind	24	Q. Did you look and see whether
	Page 391		Page 393
1	your highlighting.	1	or not the people who were quoted in this
2	MR. TISI: That's okay. I'm	2	news article, first of all, do you
3	happy to have you show it to the	3	typically cite news articles in your
4	jury.	4	published published papers?
5	MS. MILLER: There's no jury	5	MS. MILLER: Objection.
6	here. This is a Daubert	6	THE WITNESS: Well, if they
7	proceeding. We've established	7	interview epidemiologists so
8	that like 16 times. So I don't	8	the epidemiologist interviewed by
9	know which jury you're talking	9	Science, so I believe that
10	about.	10	journalist would sort of report
11	MS. SHARKO: There's never	11	correctly what the epidemiologist
12	going to be a jury. We're going	12	said that they interviewed.
13	to be done after Daubert.	13	BY MR. TISI:
14	MR. TISI: There have been	14	Q. So you don't you don't
15	plenty of juries. They've all	15	buy fake news, huh?
16	said the same thing.	16	MS. MILLER: Objection.
17	BY MR. TISI:	17	BY MR. TISI:
18	Q. Is that the article that	18	Q. Let me ask you this, Doctor.
19	you've referred to?	19	MS. MILLER: Was that a
20	A. Yes, it is.	20	question that you actually want
21	Q. Okay. Can you tell me	21	her
22	whether Dr. Taubes first of all, it's	22	MR. TISI: Yeah. I withdraw
23	a news article, isn't it?	23	it. I was making a joke, Counsel.
24	A. In in Science, which is a	24	MS. MILLER: It's hard to
	The in Science, which is a		M. MILLEAN, It's India

99 (Pages 390 to 393)

	Page 394		Page 396
1	tell.	1	support your your statement, yes.
2	BY MR. TISI:	2	MS. MILLER: Objection.
3	Q. Did you see did you see	3	That's
4	whether or not the people who were quoted	4	BY MR. TISI:
5	wrote a rebuttal to this report?	5	Q. The next sentence, he says,
6	A. No, I did not look.	6	A problem does A problem does not
7	(Document marked for	7	exist with general medical reports about
8	identification as Exhibit	8	single scientific studies.
9	Ballman-24.)	9	Correct?
10	BY MR. TISI:	10	MS. MILLER: Objection.
11	Q. In the same article, and you	11	MR. LOCKE: Objection. You
12	use the same rigor in doing in	12	added a "not".
13	drafting your report that you would do in	13	BY MR. TISI:
14	any publication, right?	14	Q. "A problem does exist with
15	MS. MILLER: Objection.	15	general media reports about single
16	BY MR. TISI:	16	scientific studies."
17	Q. In drafting your expert	17	Correct?
18	report, you use the same scientific rigor	18	A. Yes, that's what it says
19	that would you use in every publication	19	there.
20	that you that you'd use?	20	Q. And most of the examples
21	MS. MILLER: Objection.	21	that are cited in the Taubes articles had
22	THE WITNESS: I applied	22	
23		23	one observational study, correct?
24	scientific rigor in doing my	24	A. Yeah. That might be the
2 1	analyses and writing my report.	24	case.
	Page 395		Page 397
1	BY MR. TISI:	1	Q. Okay. Now, talc has, we
2	Q. So in the same journal of	2	established earlier, over 30, correct?
3	Science, Drs if you look at the next	3	A. Well, again, it depends upon
4			
	page, Dis. whiett, Greenfand, MacManon	4	how you measure studies. I don't know if
5	page, Drs. Willett, Greenland, MacMahon Rothman, Thomas, Thun and Weiss wrote a		how you measure studies. I don't know if they are 30 independent with different
	Rothman, Thomas, Thun and Weiss wrote a	5	how you measure studies. I don't know if they are 30 independent with different datasets.
5	Rothman, Thomas, Thun and Weiss wrote a letter.	5 6	they are 30 independent with different datasets.
5 6	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that?	5 6 7	they are 30 independent with different datasets. Q. Certainly over one?
5 6 7 8	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that.	5 6 7 8	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct.
5 6 7 8 9	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first	5 6 7 8 9	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes
5 6 7 8 9 10	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news	5 6 7 8 9	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by
5 6 7 8 9 10	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits,"	5 6 7 8 9 10 11	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of
5 6 7 8 9 10 11 12	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of	5 6 7 8 9 10 11 12	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the
5 6 7 8 9 10 11 12 13	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others	5 6 7 8 9 10 11 12 13	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge."
5 6 7 8 9 10 11 12 13 14	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in	5 6 7 8 9 10 11 12 13 14	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge." Do you see that?
5 6 7 8 9 10 11 12 13 14 15	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave	5 6 7 8 9 10 11 12 13 14 15	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge.'" Do you see that? A. I see where you're reading
5 6 7 8 9 10 11 12 13 14 15	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that	5 6 7 8 9 10 11 12 13 14 15	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge.'" Do you see that? A. I see where you're reading from.
5 6 7 8 9 10 11 12 13 14 15 16 17	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that evidence-based epidemiologic findings are	5 6 7 8 9 10 11 12 13 14 15 16	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge.'" Do you see that? A. I see where you're reading from. Q. Okay. It goes on to say,
5 6 7 8 9 10 11 12 13 14 15 16 17 18	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that evidence-based epidemiologic findings are not usually credible."	5 6 7 8 9 10 11 12 13 14 15 16 17 18	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge." Do you see that? A. I see where you're reading from. Q. Okay. It goes on to say, "In any scientific field, findings of
5 6 7 8 9 10 11 12 13 14 15 16 17 18	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that evidence-based epidemiologic findings are not usually credible." Did I read that right?	5 6 7 8 9 10 11 12 13 14 15 16 17 18	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge." Do you see that? A. I see where you're reading from. Q. Okay. It goes on to say, "In any scientific field, findings of individual studies are not usually
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that evidence-based epidemiologic findings are not usually credible." Did I read that right? A. Yeah, you read that right.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge.'" Do you see that? A. I see where you're reading from. Q. Okay. It goes on to say, "In any scientific field, findings of individual studies are not usually considered seriously until confirmed by
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that evidence-based epidemiologic findings are not usually credible." Did I read that right? A. Yeah, you read that right. Does are we talking about is this	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge.'" Do you see that? A. I see where you're reading from. Q. Okay. It goes on to say, "In any scientific field, findings of individual studies are not usually considered seriously until confirmed by others. Also, in epidemiology, as in
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that evidence-based epidemiologic findings are not usually credible." Did I read that right? A. Yeah, you read that right. Does are we talking about is this all in relation to threshold?	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge.'" Do you see that? A. I see where you're reading from. Q. Okay. It goes on to say, "In any scientific field, findings of individual studies are not usually considered seriously until confirmed by others. Also, in epidemiology, as in another scientific fields, more powerful
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Rothman, Thomas, Thun and Weiss wrote a letter. Do you see that? A. Yes, I see that. Q. Okay. And the first sentence says, "In the special news report, "Epidemiology Faces Its Limits," Gary Taubes assembles a series of quotations from ourselves and others about potential methodologic pitfalls in epidemiologic studies that might leave readers with the misimpression that evidence-based epidemiologic findings are not usually credible." Did I read that right? A. Yeah, you read that right. Does are we talking about is this	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	they are 30 independent with different datasets. Q. Certainly over one? A. That's correct. Q. Okay. It says, "Taubes seems to perpetuate this confusion by listing several media reports of published findings and telling the reader, 'You should be the judge.'" Do you see that? A. I see where you're reading from. Q. Okay. It goes on to say, "In any scientific field, findings of individual studies are not usually considered seriously until confirmed by others. Also, in epidemiology, as in

100 (Pages 394 to 397)

1 2 3 4 5	Do you see that? MR. LOCKE: Objection.	1	Cancer Institute is?
2 3 4 5 6	MR. LOCKE: Objection.		
3 4 5 6		2	A. You mean what is it?
4 5 6	THE WITNESS: Yep.	3	Q. Yes.
5 6	BY MR. TISI:	4	A. I thought you said who. Is
6	Q. Okay. So you cited the	5	it who or what?
	Taubes article but you didn't really	6	Q. What is the National Cancer
7	consider the quotations, the	7	Institute?
8	epidemiologist who thought differently,	8	A. So it's it's a government
9	correct?	9	agency that funds cancer research.
10	MS. MILLER: Objection.	10	Q. Okay. Would it surprise you
11	THE WITNESS: But I think	11	that the National Cancer Institute
12	there are other quotations, such	12	characterized risks as low as 1.2 as a
13	as, "Often doing so will require	13	moderate risk and not a weak risk?
14	large and long-term prospective	14	MR. LOCKE: Objection.
15	studies."	15	THE WITNESS: Can I see what
16	And it also states that,	16	you're citing that from, please?
17	"Taubes writes that, I have	17	MR. TISI: Sure.
18		18	BY MR. TISI:
19	expressed the view that a fourfold	19	
	risk should be taken seriously.		Q. National Cancer Institute,
20	This is correct, but only when the	20 21	PDQ on the NI from "Ovarian Fallopian
21	finding stands in the biological	22	Tube and Primary Peritoneal Cancer:
22	vacuum"		Peritoneal Cancer Prevention."
23	BY MR. TISI:	23	(Document marked for
24	Q. Right.	24	identification as Exhibit
	Page 399		Page 401
1	A "and has no" "or no	1	Ballman-25.)
2	biomedical credibility."	2	BY MR. TISI:
3	Q. Okay.	3	Q. Do you see that?
4	A. "We all take seriously small	4	A. Yes, I see that. That's the
5	relative risk when there are credible	5	title of the article. Yes.
6	hypothesis in the background."	6	Q. And if you go to Page 3. It
7	Q. And you don't think the	7	identifies factors with adequate evidence
8	hypothesis that talc could cause ovarian	8	of increased risk of ovarian, fallopian
9	cancer is credible?	9	tube and primary peritoneal cancer.
10	A. After doing my complete	10	Do you see that?
11	scientific review, I I again come to	11	A. Yes, I do.
12	the conclusion that there's no evidence	12	Q. Okay. And it talks about
13	of a causal relationship between	13	for each one of them, the magnitude of
14	peritoneal talcum powder exposure and	14	the effect?
15	ovarian cancer.	15	A. Yes, I see that.
16		16	
17	Q. Okay. You mentioned that you think that the most	17	Q. Okay. The magnitude of effect for endometriosis is modest with
18	•	18	an observed relative risk rate of 1.8 to
19	epidemiologists would categorize the risks seen in these studies as weak?	19	
		20	2.4?
20	A. I yes.		A. Yes.
21 22	Q. Okay. Who is the National	21	Q. Magnitude of the effect for
, ,	Cancer Institute?	22	hormone replacement therapy is modest
	A. What is it?	23	with a relative risk of 1.2 to 1.8?
23 24	Q. Do you know who the National	24	A. Yes.

101 (Pages 398 to 401)

	Karia Bari	-	
	Page 402		Page 404
1	Q. And obesity and height talks	1	don't think talc is listed here.
2	about, "Based on fair evidence, obesity	2	Q. I understand. Counsel
3	and height are associated with a modest	3	counsel can ask you this question. This
4	increase of ovarian cancer," which they	4	is not your opportunity to pontificate.
5	describe down below as a 1.1.	5	MR. LOCKE: Objection.
6	A. Yes. I see that.	6	MS. MILLER: Objection.
7	MS. MILLER: Can you	7	BY MR. TISI:
8	BY MR. TISI:	8	Q. Let's talk about consistency
9	Q. Are there so would you	9	and statistical significance now, because
10	would you agree with me that at least in	10	this is a big part of your report.
11	this document, that there are people who	11	Please pull out Exhibit 6,
12	define magnitude of risk of 1.1 to 1.2 as	12	which is the Bradford Hill article.
13	a modest risk?	13	A. Yes, I have.
14		14	
15	MS. MILLER: Objection. Are	15	Q. On Page 8 it talks about
	we talking about relative risks?	16	consistency. It says, "Next to my list."
16	Or are we talking	1	A. Yes.
17	MR. TISI: You can clarify,	17	Q. Okay. It does not say
18	Counsel. She's looking at it.	18	different designs, does it? Can you read
19	MS. MILLER: That's an	19	it for the record, please?
20	objectionable question.	20	A. Yes. It says, "Has it been
21	MR. TISI: Of course. Every	21	repeatedly observed by different persons
22	one of my questions is.	22	in different places, circumstances, and
23	MS. SHARKO: Exactly.	23	times?"
24	MS. MILLER: Fix that.	24	Q. Okay. It doesn't talk about
	Page 403		Page 405
1	THE WITNESS: So this has	1	study design, does it?
2	nothing to do with	2	A. I don't know. Circumstances
3	MS. MILLER: You have the	3	could fall under I mean, study design
4	power to change that.	4	could fall under circumstances.
5	MR. TISI: Every one of my	5	Q. It doesn't say anything
6	questions is. You've made that	6	about statistical significance, does it?
7	clear.	7	A. You know, I read where
8	THE WITNESS: This has	8	did I read
9	nothing to do with trying to	9	So it's going to take me a
10	identify what the strength of an	10	while to go through where he talks
11	association is within the context	11	about yeah, so the lesson here is
12	of a Bradford Hill.	12	that, "Broadly the same answer has been
13	BY MR. TISI:	13	reached in quite a wide variety of
14	Q. So is the Bradford	14	situations and techniques."
15	A. This is more, I think, for	15	So I would consider study
16	lay people. I mean, it says, "Who's at	16	design a technique. In other words, it's
17	risk?" I don't think this is for	17	not due to some constant error or fallacy
18	scientists.	18	that permeates every inquiry.
		19	* * *
19	And so, you know, so I don't		Q. Okay. So now the next thing
20	know what their reference basis is. And	20	if I go to Page 17 of your report under
21	I note that	21	consistency, the second sentence.
22	Q. I have no question is	22	A. Under consistency.
23	pending.	23	Q. Right. It says I'll read
	pending. A. Let me go through, but I	23	Q. Right. It says I'll read it into the record. "Results across

102 (Pages 402 to 405)

	Page 406		Page 408
1	studies are consistent if the risk ratios	1	asking you one question at a time,
2	are numerically close to one another and	2	Doctor.
3	the results are statistically significant	3	A. I don't think it's a yes or
4	in most studies."	4	no answer.
5	A. Yes.	5	Q. Are you not criticizing
6	Q. Let's take each part.	6	them "Unfortunately, they do not
7	Numerically close to one another. First	7	indicate what is meant by relative
8	of all, there's no citation to that	8	stability. They did not provide a
9	whatsoever, is there?	9	definition."
10	A. Again, I mean, it's like	10	Do you see that?
11	what does consistency mean. Well, I	11	A. I did not say that they did
12	mean, it means that you have numbers that	12	not provide a cross
13	are close to each other. A number	13	Q. You say, "Unfortunately,
14	wouldn't be consistent if one is one and	14	they do not indicate what is meant by
15	another is 100. I think that's common	15	relative stability."
16	sense.	16	
17	Q. Okay. Well okay.	17	A. Right. I did not say definition.
18	A. And as well as, you know,	18	Q. Okay. Do you indicate what
19	results are statistically significant in	19	you mean by numerically close to one
20	most studies. Again, I think that's how	20	another
21	most studies. Again, I think that's now most people most epidemiologists would	21	A. So
22	interpret consistency.	22	
23	•	23	Q on Page 17?
23 24	Q. Well, on Page 26 of the	24	MS. MILLER: Objection. THE WITNESS: I I
24	report, if you go there, you criticize	24	THE WITNESS: 11
	Page 407		Page 409
1	the plaintiffs' experts in another	1	that's where I was going. It's
2	context. You say, "Arguments have been	2	transfer I do have sort of
3	made by plaintiffs' experts that the	3	criteria where was it, Page 17?
4	results are consistent. Some experts	4	So when I apply the
5	emphasize what they see is a relative	5	criteria, I say how I apply it.
6	stability of the estimates across time,	6	And so I'm trying to look for that
7	diverse population, and across diverse	7	right now.
8	study designs. Unfortunately, they do	8	BY MR. TISI:
9	not indicate what is meant by relative	9	
			O. NO. THE ASKING YOU THE
			Q. No, I'm asking you the general principles, Doctor. What is
10	stability."	10	general principles, Doctor. What is
10 11	stability." Do you see that?	10 11	general principles, Doctor. What ishow do you define numerically close?
10 11 12	stability." Do you see that? A. I'm sorry, no. I haven't	10 11 12	general principles, Doctor. What is how do you define numerically close? What is your definition and your
10 11 12 13	stability." Do you see that? A. I'm sorry, no. I haven't gotten there.	10 11 12 13	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that?
10 11 12 13 14	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph.	10 11 12 13 14	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going
10 11 12 13 14 15	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that.	10 11 12 13 14 15	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs
10 11 12 13 14 15	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the	10 11 12 13 14 15 16	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their
10 11 12 13 14 15 16 17	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the plaintiffs' experts for in the defining	10 11 12 13 14 15 16 17	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their sort of how to do consistency and their
10 11 12 13 14 15 16 17 18	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the plaintiffs' experts for in the defining the terms, right?	10 11 12 13 14 15 16 17 18	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their sort of how to do consistency and their general setup of consistency, what I'm
10 11 12 13 14 15 16 17 18	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the plaintiffs' experts for in the defining the terms, right? A. But if you go on	10 11 12 13 14 15 16 17 18	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their sort of how to do consistency and their general setup of consistency, what I'm saying is when they reported their
10 11 12 13 14 15 16 17 18 19 20	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the plaintiffs' experts for in the defining the terms, right? A. But if you go on Q. I'm asking you a question.	10 11 12 13 14 15 16 17 18 19 20	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their sort of how to do consistency and their general setup of consistency, what I'm saying is when they reported their results on consistency, they just make a
10 11 12 13 14 15 16 17 18 19 20 21	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the plaintiffs' experts for in the defining the terms, right? A. But if you go on Q. I'm asking you a question. You're critical of plaintiffs' experts	10 11 12 13 14 15 16 17 18 19 20 21	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their sort of how to do consistency and their general setup of consistency, what I'm saying is when they reported their results on consistency, they just make a statement that it's relatively stable,
10 11 12 13 14 15 16 17 18 19 20 21 22	Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the plaintiffs' experts for in the defining the terms, right? A. But if you go on Q. I'm asking you a question. You're critical of plaintiffs' experts for not defining their terms, correct?	10 11 12 13 14 15 16 17 18 19 20 21 22	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their sort of how to do consistency and their general setup of consistency, what I'm saying is when they reported their results on consistency, they just make a statement that it's relatively stable, but they don't even give an indication of
10 11 12 13 14 15 16 17 18 19 20 21	stability." Do you see that? A. I'm sorry, no. I haven't gotten there. Q. It's the last paragraph. A. Yes. I see that. Q. And you're critical of the plaintiffs' experts for in the defining the terms, right? A. But if you go on Q. I'm asking you a question. You're critical of plaintiffs' experts	10 11 12 13 14 15 16 17 18 19 20 21	general principles, Doctor. What is how do you define numerically close? What is your definition and your authority for that? A. Common sense. And I'm going to where I applied it, as the plaintiffs did not give this a definition in their sort of how to do consistency and their general setup of consistency, what I'm saying is when they reported their results on consistency, they just make a statement that it's relatively stable,

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	Page 410		Page 412
1	A. So in my	1	THE WITNESS: the
2	MS. MILLER: She's still	2	analysis I'm answering.
3	talking.	3	BY MR. TISI:
4	THE WITNESS: In my general	4	Q. You are not
5	setup, I do not indicate. But I	5	MS. MILLER: Let her finish
6	do when I go through sort of the	6	her sentence.
7	consistency evaluation, I do give	7	BY MR. TISI:
8		8	
9	magnitudes of the ranges that were	9	Q. You are not answering my question with all due respect.
10	reported in the case-control studies that are almost fourfold	10	MS. SHARKO: You haven't
11	different.	11	heard her whole answer.
12		12	MR. TISI: This is
	BY MR. TISI:	l	
13	Q. I understand.	13	MS. MILLER: Maybe maybe
14	A. Versus well, that's	14	she was about to give you the
15	what you asked me about consistency.	15	answer you wanted.
16	Q. No. But I'm asking you	16	MR. TISI: This is
17	where you no, but I'm asking	17	MS. MILLER: You have to let
18	A. And that's how I	18	her finish talking.
19	Q. You're not answering my	19	BY MR. TISI:
20	question.	20	Q. This is you provide
21	MS. MILLER: Stop talking	21	MS. MILLER: You don't let
22	over each other. Let her finish	22	me talk either.
23	her sentence.	23	BY MR. TISI:
24	BY MR. TISI:	24	Q. You provide a statement,
	Page 411		Page 413
1	Q. You are really not answering	1	okay, here about consistency. This is in
2	my question.	2	your general section, 5.1.2, correct?
3	Doctor, with all due	3	Without regard to talc.
4	respect, and I because I think it's	4	A. I I say I provide a
5	important here. I want to know what your	5	general statement there.
6	definition is of numerically close, and I	6	Q. Okay. And your general
7	want to know where you get it from.	7	statement is that numerically close
8	A. So I think this is a bit	8	A. Yes.
9	unfair. You're asking me for a	9	Q. Okay. You use numerically
10	definition of numerically close. And	10	close. And I want to know where other
11	when I just sort of give a general	11	than you said common sense and gestalt,
12	gestalt of what's meant by consistency.	12	okay, those are your two things, kind of
13	And then you're saying but	13	like the sniff test that you used in
14	you criticize the other plaintiffs'	14	Viagra, right?
15	experts because they don't say what	15	MR. LOCKE: Objection.
16	relatively stable is. And their	16	BY MR. TISI:
17	statements are in terms of when they	17	Q. I want to know where your
18	looked at consistency, not a definition	18	where your
19	of consistency.	19	MS. MILLER: He wasn't done
20	So I'm saying let's look and	20	with the question. I was going to
21	I'll show you why I say they're not	21	object. Don't worry.
22	consistent. And when I invoke	22	BY MR. TISI:
23	Q. But you're not answering.	23	Q. Okay. Then let me back up.
24	MS. MILLER: Let her finish.	24	You remember the sniff test that you used
	TID. THELLIN. LATHER HIRST.		1 ou remember the similar test that you used

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	Page 414		Page 416
1	in Viagra, right?	1	conclusion, versus the plaintiffs'
2	MS. MILLER: Objection.	2	experts, which just say they're
3	THE WITNESS: I don't	3	relatively stable.
4	remember exactly how I used it. I	4	BY MR. TISI:
5	do remember using those terms.	5	Q. Okay. Let me do the next
6	BY MR. TISI:	6	one. Last paragraph in the consistency
7	Q. Right. So this is the	7	section, last I'm going to read it
8	gestalt test or the common sense test	8	into the record. It's the first
9	that you used.	9	paragraph.
10	MS. MILLER: Objection.	10	"However"
11	BY MR. TISI:	11	MS. MILLER: You said last
12	Q. I want to know exactly where	12	paragraph. Then you said first
13	you get your cut-off for what is	13	paragraph.
14	numerically close for the consistency	14	BY MR. TISI:
15	prong of Bradford Hill?	15	Q. First paragraph, last couple
16	MR. LOCKE: Objection.	16	sentences.
17	THE WITNESS: You know what,	17	Tell me where you are. Are
18	again, it all depends upon the	18	you with me, Doctor? Right here.
19	situation. And that's why there's	19	Consistency. Page 17.
20	no solid number within the	20	A. No, I was on 24. Yes.
21	definition for the general thing.	21	Q. Okay. You say I'll read
22	You also then brought up	22	it into the record. "However, if
23	and that's what I'm trying to get	23	adequately powered studies do not achieve
24	the whole truth out there, is I	24	statistical significance, this is
	Page 415		Page 417
1		1	
1 2	criticize the plaintiffs' experts by saying relatively stable	1 2	evidence of inconsistency." Do you stand by that
	criticize the plaintiffs' experts		evidence of inconsistency."
2	criticize the plaintiffs' experts by saying relatively stable	2	evidence of inconsistency." Do you stand by that
2	criticize the plaintiffs' experts by saying relatively stable without giving any sort of	2 3	evidence of inconsistency." Do you stand by that statement, first of all?
2 3 4	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication.	2 3 4 5 6	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately
2 3 4 5 6 7	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable	2 3 4 5	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve
2 3 4 5 6 7 8	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses,	2 3 4 5 6 7 8	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if
2 3 4 5 6 7 8 9	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as	2 3 4 5 6 7 8 9	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the
2 3 4 5 6 7 8 9	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are	2 3 4 5 6 7 8 9	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little
2 3 4 5 6 7 8 9 10	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent.	2 3 4 5 6 7 8 9 10	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately
2 3 4 5 6 7 8 9 10 11	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI:	2 3 4 5 6 7 8 9 10 11 12	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a
2 3 4 5 6 7 8 9 10 11 12	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your	2 3 4 5 6 7 8 9 10 11 12 13	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the
2 3 4 5 6 7 8 9 10 11 12 13	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for	2 3 4 5 6 7 8 9 10 11 12 13 14	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the
2 3 4 5 6 7 8 9 10 11 12 13 14 15	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You	2 3 4 5 6 7 8 9 10 11 12 13 14 15	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which we could measure your opinion, do you?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk. Do you see that?
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which we could measure your opinion, do you? MS. MILLER: Objection.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk. Do you see that? A. I do see that.
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which we could measure your opinion, do you? MS. MILLER: Objection. THE WITNESS: There wouldn't	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk. Do you see that? A. I do see that. Q. Okay. Can you tell me
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which we could measure your opinion, do you? MS. MILLER: Objection. THE WITNESS: There wouldn't be any published peer-reviewed	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk. Do you see that? A. I do see that. Q. Okay. Can you tell me what how you define no to little
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which we could measure your opinion, do you? MS. MILLER: Objection. THE WITNESS: There wouldn't be any published peer-reviewed literature that would say that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk. Do you see that? A. I do see that. Q. Okay. Can you tell me what how you define no to little overlap? What's the what's the
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which we could measure your opinion, do you? MS. MILLER: Objection. THE WITNESS: There wouldn't be any published peer-reviewed literature that would say that. But I am I'm giving my criteria	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk. Do you see that? A. I do see that. Q. Okay. Can you tell me what how you define no to little overlap? What's the what's the criteria for that and where do you get it
2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	criticize the plaintiffs' experts by saying relatively stable without giving any sort of indication. But their relatively stable was just in their conclusion that they're consistent, whereas when I look at the consistency analyses, I give more numbers and ranges as to why I believe those numbers are not consistent. BY MR. TISI: Q. Right. But that's your opinion. You don't give any basis for it. You don't give any citation. You don't give any published peer-reviewed literature which would against which we could measure your opinion, do you? MS. MILLER: Objection. THE WITNESS: There wouldn't be any published peer-reviewed literature that would say that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	evidence of inconsistency." Do you stand by that statement, first of all? A. However if adequately powered studies do not achieve statistical significance Yes. Q. Okay. Next thing. "Another way an inconsistency can rise is if 95 percent confidence intervals for the risk ratio estimates have no to little overlap with one another for adequately powered studies. If one study has a statistically significant result and the other does not, it means that the magnitude of the relative risk differs considerably, which is an inconsistency between the size of the estimated risk. Do you see that? A. I do see that. Q. Okay. Can you tell me what how you define no to little overlap? What's the what's the

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	Page 418		Page 420
1		1	
1	First of all, there's no	1	2016 and again just this week have
2	citation for any of this, is there?	2	indicated that statistical significance
3	MS. MILLER: Objection.	3	should not even be should not even be
4	First of all, so what is	4	mentioned when we are talking about
5	MR. TISI: I was	5	analyses like these, true?
6	MS. MILLER: You can't ask a	6	MR. LOCKE: Objection.
7	question that way.	7	MS. MILLER: Objection.
8	MR. TISI: Counsel, I said	8	THE WITNESS: I have no idea
9	first of all, there is	9	what it's referring to. But let
10	MS. MILLER: Is the first	10	me let me sort of explain to
11	question stricken?	11	you the relationship between
12	MR. TISI: Yes.	12	statistical significance and
13	MS. MILLER: Okay.	13	confidence intervals.
14	BY MR. TISI:	14	If one has a confidence
15	Q. First of all, in the second	15	interval, one can infer whether or
16	part of the paragraph you do not provide	16	not a result is statistically
17	a single citation, correct?	17	significant at a certain level.
18	A. I do not provide a citation	18	So one can sort of infer if
19	there.	19	the P-value is going to be less
20	Q. Okay. Secondly okay, can	20	than or greater than .05 if you're
21	you tell me what you mean by no to little	21	using a 95 percent confidence
22	overlap? What is the criteria and where	22	interval.
23	do you get it from?	23	So the reason they're saying
24	A. That's was what I was trying	24	this, and I tell this people all
	Page 419		Page 421
1	to answer. I'm trying to see if I have	1	the time when I teach, I never
2	that citation here. And if I don't, I	2	just want to see a P-value, I want
3	can provide a citation. No, I don't	3	the magnitude of the difference.
4	provide a citation there. But in the	4	I want to know what is the
5	literature, there are articles that state	5	size of the difference and a
6	how much in fact, confidence intervals	6	confidence interval on that, and I
7	can overlap and the results still are	7	would agree. I don't need the
8	statistically significantly different.	8	P-value.
9	Q. In fact, Doctor and we're	9	BY MR. TISI:
10	going to talk about this. Aren't you	10	Q. And
11	aware that even this week, the American	11	A. And I could infer
12	Statistical Association published a	12	statistical significance just based upon
13	whole a whole volume of 43 articles	13	the confidence interval.
14	with an editorial recommending that they	14	So they are not saying don't
15	get rid of the issue of statistical	15	worry about statistical significance.
16	significance and look at confidence	16	They are saying don't place so much
17	intervals?	17	emphasis on the P-value itself.
18	A. Well, that's what I'm citing	18	Q. But also we're going to
19	there, that one can look at confidence	19	talk about this for a moment. You would
20	intervals and see if they overlap or not.	20	agree that almost all of these studies
21	Q. Perfect. And we're going to	21	with a handful of exceptions, regardless
22	talk about that. Okay?	22	of study design, their confidence
23	But you do understand that	23	intervals overlap at 1.2?
24	the American Statistical Association in	24	A. I have no idea.

106 (Pages 418 to 421)

	Page 422		Page 424
1	Q. We'll talk about that.	1	expert reports of any of the other
2	MS. MILLER: Do you need a	2	defense experts in this case?
3	break?	3	A. Other defense experts?
4	THE WITNESS: No, I'm good.	4	Q. Have you read Christian
5	BY MR. TISI:	5	Merlo's?
6	Q. On Page 26, you say the	6	A. Yes, I have.
7	following with respect to the talc	7	Q. Did you have any problems
8	evidence: "There is clear	8	with his report?
9	inconsistency" Page 26?	9	A. Problems? What do you mean
10	A. Yeah, I'm there. I'm not	10	by problems.
11	seeing where that statement or where	11	Q. Anything that you thought
12	that	12	was wrong?
13		13	
14	Q. The last sentence of the paragraph in the middle?	14	A. I wasn't evaluating whether or not I agree or disagree with his
15		15	· ·
16	A. Okay. I'm with you.Q. There is clear inconsistency	16	report.
16 17		17	Q. I'm going to show you a chart that he put in his report because
18	between different study types with	18	
19	case-control studies yielding a	1	you don't have one in yours. And I will
	statistically significant association	19	stipulate that it is accurate to the
20	ranging from 1.26 to 1.35 and cohort	20	extent that it is
21	studies yielding a nonstatistically	21	A. Comes from his report?
22	significant association ranging from 1.02	22	Q. I'm going to ask you to
23	to 1.06, hence no evidence of a causal	23	assume that it comes from his report and
24	relationship because the results are	24	I'm going to use his numbers.
	Page 423		Page 425
1	inconsistent."	1	MS. MILLER: I'll check my
0	D 4 40		
2	Do you say that?	2	laptop to make sure that's true.
3	A. I do.	2 3	laptop to make sure that's true. (Document marked for
	A. I do.		
3		3	(Document marked for
3 4	A. I do. Q. Okay. And so you think that because these two sets of results are	3 4	(Document marked for identification as Exhibit
3 4 5	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one	3 4 5	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI:
3 4 5 6	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they	3 4 5 6	(Document marked for identification as Exhibit Ballman-26.)
3 4 5 6 7	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent?	3 4 5 6 7	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart?
3 4 5 6 7 8	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection.	3 4 5 6 7 8	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this
3 4 5 6 7 8 9	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying	3 4 5 6 7 8	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've
3 4 5 6 7 8 9	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is	3 4 5 6 7 8 9	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes
3 4 5 6 7 8 9 10 11	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's	3 4 5 6 7 8 9 10 11 12	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe
3 4 5 6 7 8 9 10 11 12	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And	3 4 5 6 7 8 9 10 11 12 13	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because
3 4 5 6 7 8 9 10 11 12 13 14	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying	3 4 5 6 7 8 9 10 11 12 13 14	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me
3 4 5 6 7 8 9 10 11 12 13 14 15	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because	3 4 5 6 7 8 9 10 11 12 13 14 15	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence.
3 4 5 6 7 8 9 10 11 12 13 14 15	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because this is no statistical	3 4 5 6 7 8 9 10 11 12 13 14 15	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence. I'm using your evidence, and I'm putting
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because this is no statistical significance.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence. I'm using your evidence, and I'm putting it in front of you. Okay?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because this is no statistical significance. BY MR. TISI:	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence. I'm using your evidence, and I'm putting it in front of you. Okay? MS. MILLER: Objection.
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because this is no statistical significance. BY MR. TISI: Q. Okay. Now, you didn't put a Forest plot of the studies in your	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence. I'm using your evidence, and I'm putting it in front of you. Okay? MS. MILLER: Objection. BY MR. TISI: Q. And I'm asking you to assume
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because this is no statistical significance. BY MR. TISI: Q. Okay. Now, you didn't put a Forest plot of the studies in your report, did you?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence. I'm using your evidence, and I'm putting it in front of you. Okay? MS. MILLER: Objection. BY MR. TISI: Q. And I'm asking you to assume it's true.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because this is no statistical significance. BY MR. TISI: Q. Okay. Now, you didn't put a Forest plot of the studies in your report, did you? A. I believe there is no Forest	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence. I'm using your evidence, and I'm putting it in front of you. Okay? MS. MILLER: Objection. BY MR. TISI: Q. And I'm asking you to assume it's true. MS. MILLER: If there's a
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I do. Q. Okay. And so you think that because these two sets of results are one is statistically significant and one is not statistically significant, they are inconsistent? MS. MILLER: Objection. THE WITNESS: I'm saying that one set of results is establishing an association that's statistically significant. And I'm saying another one is saying there is no association because this is no statistical significance. BY MR. TISI: Q. Okay. Now, you didn't put a Forest plot of the studies in your report, did you?	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	(Document marked for identification as Exhibit Ballman-26.) BY MR. TISI: Q. Do you remember seeing this chart? A. I was expecting a Forest plot. Yes, I see this chart here. I've seen so many charts that if this comes from his study, yes, I believe Q. And I'm using his because I'm sure the defense would object to me using anything else but their evidence. I'm using your evidence, and I'm putting it in front of you. Okay? MS. MILLER: Objection. BY MR. TISI: Q. And I'm asking you to assume it's true.

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Page 426		Page 428
	1	statistically statistical significance
	2	issue, you would agree with me for the
•	1	hospital case-control studies with the
		exception of the two Hartge papers, all
	1	show a risk ratio greater than one?
		A. The two Hartge pages?
	1	Q. Yes.
	I	A. Yes. That's what it's
		showing here.
	1	Q. Okay. You would also agree
	1	with me that the population based
	1	case-control studies, every single one of
	I	them, whether they were statistically
	1	significant or not, had a risk ratio of
	1	
	1	greater than one.
	1	MS. MILLER: Objection. THE WITNESS: In this chart
	1	
	1	that is true.
	1	BY MR. TISI:
		Q. Okay. The pooled
	1	case-control study, Terry had a risk
	1	ratio great]er than one?
		A. That's true. That's what
hospital based case-control	24	this
Page 427		Page 429
studies, population based	1	Q. As was as is Cramer on
case-control studies	2	the next page?
MS. MILLER: You talked so	3	A. Yes.
fast, I thought you were reading	4	Q. And the cohort studies all
something that I didn't have.	5	had risk ratios greater than one with the
	6	exception of Gonzalez, correct?
	7	A. Yes, that's correct.
	8	Q. And would you agree with me,
	9	risk ratio, the RR, is the same thing as
	10	the point estimate, correct?
correct?	11	A. Yeah. Either it's an odds
A. Yes, he lists four	12	ratio or it's a relative risk. But they
, , , , , , , , , , , , , , , , , , , ,	12 13	ratio or it's a relative risk. But they are point estimates.
categories of studies in the chart.	I	are point estimates.
categories of studies in the chart. Q. And these four categories	13	are point estimates. Q. And the point estimate, just
categories of studies in the chart. Q. And these four categories are these studies are studies you	13 14	are point estimates. Q. And the point estimate, just for anybody going to read this, is the
categories of studies in the chart. Q. And these four categories are these studies are studies you recognize, correct?	13 14 15	are point estimates. Q. And the point estimate, just for anybody going to read this, is the most likely place where the risk resides?
categories of studies in the chart. Q. And these four categories are these studies are studies you recognize, correct? A. Yes. I recognize studies	13 14 15 16 17	are point estimates. Q. And the point estimate, just for anybody going to read this, is the most likely place where the risk resides? A. It's more subtle than that.
categories of studies in the chart. Q. And these four categories are these studies are studies you recognize, correct? A. Yes. I recognize studies that I reviewed. I don't know if they	13 14 15 16 17 18	are point estimates. Q. And the point estimate, just for anybody going to read this, is the most likely place where the risk resides? A. It's more subtle than that. Q. Okay. But just well, how
categories of studies in the chart. Q. And these four categories are these studies are studies you recognize, correct? A. Yes. I recognize studies that I reviewed. I don't know if they are all there or if any extra or there.	13 14 15 16 17 18 19	are point estimates. Q. And the point estimate, just for anybody going to read this, is the most likely place where the risk resides? A. It's more subtle than that. Q. Okay. But just well, how would you describe it?
categories of studies in the chart. Q. And these four categories are these studies are studies you recognize, correct? A. Yes. I recognize studies that I reviewed. I don't know if they are all there or if any extra or there. But yes, in general.	13 14 15 16 17 18 19 20	are point estimates. Q. And the point estimate, just for anybody going to read this, is the most likely place where the risk resides? A. It's more subtle than that. Q. Okay. But just well, how would you describe it? A. I would say that what a
categories of studies in the chart. Q. And these four categories are these studies are studies you recognize, correct? A. Yes. I recognize studies that I reviewed. I don't know if they are all there or if any extra or there. But yes, in general. Q. Okay. Now, would you agree	13 14 15 16 17 18 19 20 21	are point estimates. Q. And the point estimate, just for anybody going to read this, is the most likely place where the risk resides? A. It's more subtle than that. Q. Okay. But just well, how would you describe it? A. I would say that what a confidence interval shows, and this is
categories of studies in the chart. Q. And these four categories are these studies are studies you recognize, correct? A. Yes. I recognize studies that I reviewed. I don't know if they are all there or if any extra or there. But yes, in general.	13 14 15 16 17 18 19 20	are point estimates. Q. And the point estimate, just for anybody going to read this, is the most likely place where the risk resides? A. It's more subtle than that. Q. Okay. But just well, how would you describe it? A. I would say that what a
	objecting. If there's a statement there, I don't know what the point of it was. BY MR. TISI: Q. There are 30 observational studies here. And he identified them as hospital-based case-control, population-based case-controls, pooled case-control studies, and cohort studies, correct? A. Yes, that's MR. LOCKE: Objection. Before you answer that question, I don't have a copy of what you're looking at. MR. TISI: Oh, I'm sorry. MS. MILLER: Wait. I'm sorry. Did you just read us a sentence? THE WITNESS: No, he was MR. TISI: They're categorized. No, it's not. They're categorized. One, hospital based case-control Page 427 studies, population based case-control studies MS. MILLER: You talked so fast, I thought you were reading something that I didn't have. I didn't realize you were MR. TISI: I am reading it. BY MR. TISI: Q. Okay. There are four categories of studies in this chart,	objecting. If there's a statement there, I don't know what the point of it was. BY MR. TISI: Q. There are 30 observational studies here. And he identified them as hospital-based case-control, population-based case-controls, pooled case-control studies, and cohort studies, correct? A. Yes, that's MR. LOCKE: Objection. Before you answer that question, I don't have a copy of what you're looking at. MR. TISI: Oh, I'm sorry. MS. MILLER: Wait. I'm sorry. Did you just read us a sentence? THE WITNESS: No, he was MR. TISI: They're categorized. No, it's not. They're categorized. One, hospital based case-control Page 427 studies, population based case-control Page 427 studies, population based case-control Page 427 studies, population based case-control studies MS. MILLER: You talked so fast, I thought you were reading something that I didn't have. I didn't realize you were MR. TISI: I am reading it. BY MR. TISI: Q. Okay. There are four categories of studies in this chart,

108 (Pages 426 to 429)

	Page 430		Page 432
1	MS. SHARKO: That's someone	1	before, Gonzalez, the cohort study,
2	who loves statistics.	2	and the two Hartge studies, that all of
3	MR. TISI: Troy Rafferty was	3	the risk ratios here show a positive risk
4	calling to you.	4	ratio greater than one?
5	MS. SHARKO: I'm happy to	5	MS. MILLER: Objection.
6	talk with Troy.	6	THE WITNESS: As we
7	THE WITNESS: Sorry. I was	7	mentioned, most of the numbers
8	trying to concentrate.	8	here are bigger than one.
9	MS. MILLER: Yeah, that's	9	BY MR. TISI:
10	not fair to Dr. Ballman. Should	10	Q. Okay. And that's what we
11	we the banter has confused her.	11	call a positive association, a positive
12	Should we go back and hear the	12	risk ratio?
13	question again.	13	MS. MILLER: Objection.
14	BY MR. TISI:	14	THE WITNESS: Well, I think
15	Q. Yeah. My question my	15	that
16	question is, what is your definition of a	16	BY MR. TISI:
17	point estimate.	17	
18	Actually, let me let	18	Q. Putting statistical significance aside for a moment. I'll
19		19	
20	me actually, that was not the	20	talk about statistical significance. A. Yeah, but I think it's
21	question. The question was, the point	21	
22	estimate is the place within the	22	important. I think one would not say
23	confidence interval that it's most likely to be the true risk?	23	there's a positive association if it's
24		24	not statistically significant. I mean,
24	A. No, that's not correct.	24	it depends upon the context in which he
	Page 431		Page 433
1	Q. Okay. Well, what is it?	1	was saying, so that might be misleading.
2			
	A. So it's just the point	2	I mean, you know, a lot of people might
3	A. So it's just the point estimate that comes on based on the	2 3	I mean, you know, a lot of people might say, oh, they said there's a positive
	estimate that comes on based on the	1	say, oh, they said there's a positive
3		3	
3 4	estimate that comes on based on the actual data that you have on hand and	3 4	say, oh, they said there's a positive association, and they would assume that
3 4 5	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that	3 4 5	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're
3 4 5 6	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data.	3 4 5 6	say, oh, they said there's a positive association, and they would assume that it was statistically significant.
3 4 5 6 7	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is	3 4 5 6 7	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical
3 4 5 6 7 8	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo the study with a different random set,	3 4 5 6 7 8	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking
3 4 5 6 7 8 9	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo	3 4 5 6 7 8	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking you, all of these numbers with the
3 4 5 6 7 8 9	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo the study with a different random set, selected exactly the same way, many, many	3 4 5 6 7 8 9	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking you, all of these numbers with the exception of the ones that I mentioned,
3 4 5 6 7 8 9 10	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo the study with a different random set, selected exactly the same way, many, many times 95 percent of those intervals would	3 4 5 6 7 8 9 10	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking you, all of these numbers with the exception of the ones that I mentioned, the two Houghton studies and the Gonzalez
3 4 5 6 7 8 9 10 11	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo the study with a different random set, selected exactly the same way, many, many times 95 percent of those intervals would contain the real risk ratio.	3 4 5 6 7 8 9 10 11 12	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking you, all of these numbers with the exception of the ones that I mentioned, the two Houghton studies and the Gonzalez cohort study, show a positive risk ratio?
3 4 5 6 7 8 9 10 11 12	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo the study with a different random set, selected exactly the same way, many, many times 95 percent of those intervals would contain the real risk ratio. Q. And is the number that is reported, the risk ratio, more likely or	3 4 5 6 7 8 9 10 11 12 13	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking you, all of these numbers with the exception of the ones that I mentioned, the two Houghton studies and the Gonzalez cohort study, show a positive risk ratio? MS. MILLER: Objection.
3 4 5 6 7 8 9 10 11 12 13	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo the study with a different random set, selected exactly the same way, many, many times 95 percent of those intervals would contain the real risk ratio. Q. And is the number that is	3 4 5 6 7 8 9 10 11 12 13 14	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking you, all of these numbers with the exception of the ones that I mentioned, the two Houghton studies and the Gonzalez cohort study, show a positive risk ratio? MS. MILLER: Objection. THE WITNESS: I mean, that's
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	estimate that comes on based on the actual data that you have on hand and that you calculated. And it's for that data. And a confidence interval is the interval such that if you would redo the study with a different random set, selected exactly the same way, many, many times 95 percent of those intervals would contain the real risk ratio. Q. And is the number that is reported, the risk ratio, more likely or less likely than the number that's at the tails? A. I don't know how you would measure that necessarily. Because you have no idea what truth is. So you have no idea within a given confidence interval where the real estimate lies. Q. But you would agree with me	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	say, oh, they said there's a positive association, and they would assume that it was statistically significant. Q. I understand. And we're going to talk about statistical significance in a moment. But I'm asking you, all of these numbers with the exception of the ones that I mentioned, the two Houghton studies and the Gonzalez cohort study, show a positive risk ratio? MS. MILLER: Objection. THE WITNESS: I mean, that's one thing, yes, here in the study. BY MR. TISI: Q. Okay. A. Risk ratios that are you know, rated as weak, or no risk no significant association. Q. Okay. Now, I'm going to ask

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Page 434		Page 436
some of them no, would you find	1	that. I'm allowed to ask you
	2	hypotheticals.
	3	Okay. So my hypothetical is
	4	that this chart this chart is exactly
BY MR. TISI:	5	as it is, except in the right-hand
Q. If every one	6	column, there would be let's say
A. That that's not but	7	let's call them all weak associations.
	8	Let's call them all weak but they would
		all be statistically significant.
-		If that were to change,
		would those, in your opinion, be
	12	consistent?
		MS. MILLER: Objection.
		THE WITNESS: I think it
		depends. And I think there
	16	wouldn't be agreement in terms of
	17	what the actual association is,
		which would be quite weird. And
		the fact that, you know, in
		general, the cohort studies have
		much lower estimates than do the
		case-control studies.
		BY MR. TISI:
	1	Q. So is your answer they would
what, and consistently biased,	24	Q. 50 is your answer they would
Page 435		Page 437
because these are all population	1	be inconsistent?
	2	A. I am saying it depends in
why	3	this hypothetical situation. I mean, I
BY MR. TISI:	4	would have to look at it more carefully
Q. Well, no. There are cohort	5	and do an analysis to see
	6	Q. Would you
	7	A because that wasn't the
	8	analyses that I did. I did the analyses
significant and the risk ratios were the	9	
	_	on on these observed results.
C	10	
same, would they be consistent in your opinion?		
same, would they be consistent in your opinion?	10	Q. Okay. Would you agree that most of these risk ratios are between
same, would they be consistent in your opinion?	10 11	Q. Okay. Would you agree that most of these risk ratios are between approximately 1.1, some higher, some
same, would they be consistent in your opinion? A. You know, again, I would	10 11 12	Q. Okay. Would you agree that most of these risk ratios are between
same, would they be consistent in your opinion? A. You know, again, I would have to see what the actual numbers were	10 11 12 13	Q. Okay. Would you agree that most of these risk ratios are between approximately 1.1, some higher, some lower, and 1.5? A. No. There are some that's
same, would they be consistent in your opinion? A. You know, again, I would have to see what the actual numbers were	10 11 12 13 14	Q. Okay. Would you agree that most of these risk ratios are between approximately 1.1, some higher, some lower, and 1.5? A. No. There are some that's 3.9, I see.
same, would they be consistent in your opinion? A. You know, again, I would have to see what the actual numbers were Q. These are the numbers. A and so forth.	10 11 12 13 14 15	Q. Okay. Would you agree that most of these risk ratios are between approximately 1.1, some higher, some lower, and 1.5? A. No. There are some that's
same, would they be consistent in your opinion? A. You know, again, I would have to see what the actual numbers were Q. These are the numbers. A and so forth. Q. These are the numbers.	10 11 12 13 14 15 16	Q. Okay. Would you agree that most of these risk ratios are between approximately 1.1, some higher, some lower, and 1.5? A. No. There are some that's 3.9, I see. Q. Well, so my next point A. You know that's for
same, would they be consistent in your opinion? A. You know, again, I would have to see what the actual numbers were Q. These are the numbers. A and so forth. Q. These are the numbers. A. But yeah, but you're	10 11 12 13 14 15 16 17 18	Q. Okay. Would you agree that most of these risk ratios are between approximately 1.1, some higher, some lower, and 1.5? A. No. There are some that's 3.9, I see. Q. Well, so my next point A. You know that's for concerning. 2.49.
same, would they be consistent in your opinion? A. You know, again, I would have to see what the actual numbers were Q. These are the numbers. A and so forth. Q. These are the numbers. A. But yeah, but you're asking me to hypothesize something on	10 11 12 13 14 15 16 17 18	Q. Okay. Would you agree that most of these risk ratios are between approximately 1.1, some higher, some lower, and 1.5? A. No. There are some that's 3.9, I see. Q. Well, so my next point A. You know that's for concerning. 2.49. Q. Right.
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	some of them no, would you find consistency? MS. MILLER: Objection. THE WITNESS: If every what? BY MR. TISI: Q. If every one A. That that's not but that's not the case. Q. I understand. This is a hypothetical. And I'm allowed to ask hypotheticals. If this chart were that every one of these results were statistically significant, would that would those be consistent in your opinion? MS. MILLER: Objection. THE WITNESS: Again, I mean, I would have to look at the ranges. They said it's just magnitude. And then even furthermore, you know, the next step then would be consistent what, and consistently biased, Page 435 because these are all population studies, and hence that's probably why BY MR. TISI: Q. Well, no. There are cohort studies in there. There's hospital-based. If all of these studies, regardless of design, was statistically	some of them no, would you find consistency? MS. MILLER: Objection. THE WITNESS: If every what? BY MR. TISI: Q. If every one A. That that's not but that's not the case. Q. I understand. This is a hypothetical. And I'm allowed to ask hypotheticals. If this chart were that every one of these results were statistically significant, would that would those be consistent in your opinion? MS. MILLER: Objection. THE WITNESS: Again, I mean, I would have to look at the ranges. They said it's just magnitude. And then even furthermore, you know, the next step then would be consistent what, and consistently biased, Page 435 because these are all population studies, and hence that's probably why BY MR. TISI: Q. Well, no. There are cohort studies in there. There's hospital-based. If all of these studies, regardless of design, was statistically

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	Page 438		Page 440
1	A. Well, you're right.	1	THE VIDEOGRAPHER: All
2	MS. MILLER: Objection.	2	right. The time is 3:35 p.m. off
3	Wait, is that a question?	3	the record.
4	MR. TISI: Yes.	4	(Short break.)
5	BY MR. TISI:	5	THE VIDEOGRAPHER: We are
6	Q. I'm asking you	6	back on the record. The time is
7	MS. MILLER: Or just a	7	3:51 p.m.
8	statement? That's a statement.	8	BY MR. TISI:
9	BY MR. TISI:	9	Q. Doctor, we were talking
10	Q. I'm asking you, were are	10	before the break about role of
11	most most of these results are between	11	statistical significance and the issue of
12	1.1 and 1.5, true?	12	consistency. Do you remember that?
13	A. So I would say that the	13	A. I know that we were talking
14	statement you made, however you define	14	about consistency and statistical
15	most, I'm not quite sure, look like that	15	significance, yes.
16	could be true, yes.	16	Q. Okay. I'm going to hand you
17	MS. MILLER: Is this a good	17	another chapter from Rothman's textbook.
18	time for a break?	18	I'll have that marked as the
19	MR. TISI: Let me just	19	next exhibit.
20	THE WITNESS: Yeah.	20	MR. SOILEAU: Which will be
21	MS. MILLER: My head is	21	27.
22	pounding.	22	(Document marked for
23	THE WITNESS: So is mine,	23	identification as Exhibit
24	actually.	24	Ballman-27.)
	Davis 420		Dana 441
	Page 439		Page 441
1	MS. MILLER: Soon as the	1	BY MR. TISI:
2	statistics started my head started	2	Q. Give that to your counsel.
3	hurting.		
		3	Now, there is a section here on
4	MR. TISI: Let me just	4	consistency in the Bradford Hill
5	let me just finish this, like, one	4 5	consistency in the Bradford Hill criteria, and it starts on Page 25 of 30.
5 6	let me just finish this, like, one or two sentences, if you don't	4 5 6	consistency in the Bradford Hill criteria, and it starts on Page 25 of 30. Do you see that?
5 6 7	let me just finish this, like, one or two sentences, if you don't mind.	4 5 6 7	consistency in the Bradford Hill criteria, and it starts on Page 25 of 30. Do you see that? A. So causal criteria is on
5 6 7 8	let me just finish this, like, one or two sentences, if you don't mind. MS. MILLER: Sure.	4 5 6 7 8	consistency in the Bradford Hill criteria, and it starts on Page 25 of 30. Do you see that? A. So causal criteria is on this page, and strength.
5 6 7 8 9	let me just finish this, like, one or two sentences, if you don't mind. MS. MILLER: Sure. BY MR. TISI:	4 5 6 7 8 9	consistency in the Bradford Hill criteria, and it starts on Page 25 of 30. Do you see that? A. So causal criteria is on this page, and strength. Q. Correct. That's the section
5 6 7 8 9 10	let me just finish this, like, one or two sentences, if you don't mind. MS. MILLER: Sure. BY MR. TISI: Q. Now, you said before on Page	4 5 6 7 8 9	consistency in the Bradford Hill criteria, and it starts on Page 25 of 30. Do you see that? A. So causal criteria is on this page, and strength. Q. Correct. That's the section that talks about Bradford Hill. Do you
5 6 7 8 9 10 11	let me just finish this, like, one or two sentences, if you don't mind. MS. MILLER: Sure. BY MR. TISI: Q. Now, you said before on Page 17 on Page 17, "However, adequately	4 5 6 7 8 9 10	consistency in the Bradford Hill criteria, and it starts on Page 25 of 30. Do you see that? A. So causal criteria is on this page, and strength. Q. Correct. That's the section that talks about Bradford Hill. Do you see that? He refers to Bradford Hill, a
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significance arising solely because of differences in the standard error or sizes of the study. And if you recall, I said adequately powered studies, which is what he made this statement here. 20 Sizes of the study. 21 And if you recall, I said are, it does not make them inconsistent? 22 Do you agree with Dr. Rothman that because some studies are not statistically significant and others are, it does not make them inconsistent? 22 Do you agree with that statement as a general proposition?	13 14 15	sense. In the sense that the results effect estimates from a set of studies could all be identical even if they	14 15	listening to her speechify is really disrupting. MS. MILLER: That's the pot
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	Page 446		Page 448
1	THE WITNESS: It depends.	1	A. No. That's not what I'd
2	BY MR. TISI:	2	done. I would like some time please to
3	Q. Okay. And it depends upon	3	read the rest of this.
4	the power, correct?	4	Q. Sure.
5	A. No. It depends upon the	5	A. He does say, "Focusing on
6	situation, as I was trying to explain and	6	the magnitude"
7	you wouldn't let me finish.	7	Q. Just I thought you were
8	Q. Okay. Does it depend upon	8	going to read the whole I thought you
9	the power of the study to detect an	9	were going to read the whole thing.
10	association?	10	Let's read the whole thing and we can
11	A. You mean a statistically	11	talk about it. Thank you.
12	significant association?	12	A. Okay.
13	Q. Yes.	13	MS. MILLER: It would be
14	A. That is what power is about.	14	really nice if you would not talk
15	Q. Correct. Okay. The study,	15	over the witness.
16	each study has to be powered to find the	16	MR. TISI: It would be
17	association, correct, adequately powered?	17	really nice if she'd
18	A. No. Just because a study is	18	MS. MILLER: It's especially
19	adequately powered, it could not find an	19	offensive for the way you are
20	association because there really is no	20	talking to her.
21	real relationship there.	21	MR. TISI: Okay. You know,
22	Q. Let's go to Exhibit Number	22	I find it offensive that a witness
23	23. Again, this was Dr. Rothman's six	23	would come in here, and I ask her
24	misconceptions.	24	whether or not this pen is red and
21	misconceptions.	24	whether of not this pen is red and
	Page 447		Page 449
1	A. Yes. 20.	1	she talks about all the reasons
2	Q. Exhibit 20. I'm sorry. Go	2	why the blue pen down the table is
3	to Misconception Number 6. Can you read	3	blue. Okay. I find that
4	what it is?	4	offensive. That's not the way
5	A. Okay.	5	this works.
6	Q. Could you read could you	6	MR. LOCKE: Objection.
7	read it for the record, Misconception	7	MS. SHARKO: That's not what
8	Number 6?	8	happened. That's not what just
9	A. Oh, read it out loud?	9	happened.
10	Q. Yes.	10	MS. MILLER: You just kicked
11	A. Just that piece?	11	me again. I hope you're not doing
12	Q. Just what the misconception	12	that on purpose.
13	is, and we can talk about what he says.	13	MR. TÎSI: I'm definitely
13 14	is, and we can talk about what he says. A. Okay. It says,	14	MR. TISI: I'm definitely not doing it on purpose. I would
13 14 15	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing	14 15	MR. TISI: I'm definitely not doing it on purpose. I would not do that. And you kicked me
13 14 15 16	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing is useful and important for the	14 15 16	MR. TISI: I'm definitely not doing it on purpose. I would
13 14 15 16 17	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing is useful and important for the interpretation of data."	14 15 16 17	MR. TISI: I'm definitely not doing it on purpose. I would not do that. And you kicked me before, and I said nothing about it.
13 14 15 16 17	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing is useful and important for the interpretation of data." Q. Okay. Is that what isn't	14 15 16 17 18	MR. TISI: I'm definitely not doing it on purpose. I would not do that. And you kicked me before, and I said nothing about it. MS. MILLER: I don't think
13 14 15 16 17 18	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing is useful and important for the interpretation of data." Q. Okay. Is that what isn't that what you've done here, is you've	14 15 16 17 18 19	MR. TISI: I'm definitely not doing it on purpose. I would not do that. And you kicked me before, and I said nothing about it. MS. MILLER: I don't think my legs are long enough.
13 14 15 16 17 18 19 20	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing is useful and important for the interpretation of data." Q. Okay. Is that what isn't that what you've done here, is you've looked at, you've looked at which studies	14 15 16 17 18 19 20	MR. TISI: I'm definitely not doing it on purpose. I would not do that. And you kicked me before, and I said nothing about it. MS. MILLER: I don't think my legs are long enough. MR. TISI: Well, if they
13 14 15 16 17 18 19 20 21	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing is useful and important for the interpretation of data." Q. Okay. Is that what isn't that what you've done here, is you've looked at, you've looked at which studies are statistically significant and which	14 15 16 17 18 19 20 21	MR. TISI: I'm definitely not doing it on purpose. I would not do that. And you kicked me before, and I said nothing about it. MS. MILLER: I don't think my legs are long enough. MR. TISI: Well, if they aren't long enough, how did I
13 14 15 16 17 18 19 20 21	is, and we can talk about what he says. A. Okay. It says, "Misconception 6. Significance testing is useful and important for the interpretation of data." Q. Okay. Is that what isn't that what you've done here, is you've looked at, you've looked at which studies are statistically significant and which ones aren't, and you've said that they	14 15 16 17 18 19 20 21	MR. TISI: I'm definitely not doing it on purpose. I would not do that. And you kicked me before, and I said nothing about it. MS. MILLER: I don't think my legs are long enough. MR. TISI: Well, if they aren't long enough, how did I THE WITNESS: Okay. Is
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	Page 450		Page 452
-		_	
1	Q. Yes. So my question is,	1	Q. All right. Both of those if
2	Doctor, didn't you wasn't the issue of	2	you're just looking at the risk ratios
3	which studies were statistically	3	are positive, correct?
4	significant and which ones weren't,	4	MR. LOCKE: Objection.
5	wasn't that an important factor in your	5	BY MR. TISI:
6	discussion of the talc studies in the	6	Q. 1.02 to 1.06 is a positive
7	context of the consistency aspect of	7	risk ratio, correct?
8	Bradford Hill?	8	MS. MILLER: Objection.
9	MR. LOCKE: Objection.	9	THE WITNESS: But but
10	THE WITNESS: So when I	10	they are positive. But again, I
11	looked at the analyses for	11	don't see where this is playing
12	consistency, just for sake of	12	into
13	argument, to go through this	13	BY MR. TISI:
14	quickly, let's I look at the	14	Q. I'm asking you the question.
15	the meta-analyses of the	15	Okay. The difference is one is
16	case-control studies, which is	16	statistically significant result and the
17	statistically significant.	17	other one is not. And you make a point
18	I looked at the	18	of that in this sentence, correct?
19	meta-analyses of the cohort	19	A. And that follows the point I
20	studies, which show no significant	20	made above, which also plays into my
21	association. And that is an	21	consistency is that Berge found there was
22	inconsistency.	22	a statistically significant different
23	BY MR. TISI:	23	association for the perineal talc
24	Q. Okay. So the determining	24	powder or perineal/genital talc powder
	Q. Only. So the determining		powder of permean gentum tune powder
	Page 451		Page 453
			5
1	factor, because even the cohort studies	1	exposure and ovarian cancer between the
2	factor, because even the cohort studies had a positive risk ratio, correct?	1 2	
			exposure and ovarian cancer between the
2	had a positive risk ratio, correct?	2	exposure and ovarian cancer between the case-control studies and the cohort studies.
2	had a positive risk ratio, correct? A. I don't know why that plays into anything.	2 3	exposure and ovarian cancer between the case-control studies and the cohort studies. Q. And he's looking at
2 3 4	had a positive risk ratio, correct? A. I don't know why that plays into anything. Q. Well, okay. They both	2 3 4	exposure and ovarian cancer between the case-control studies and the cohort studies. Q. And he's looking at P-values, right. P07?
2 3 4 5	had a positive risk ratio, correct? A. I don't know why that plays into anything.	2 3 4 5	exposure and ovarian cancer between the case-control studies and the cohort studies. Q. And he's looking at P-values, right. P07? A. Yeah. He is looking at
2 3 4 5 6	had a positive risk ratio, correct? A. I don't know why that plays into anything. Q. Well, okay. They both showed a positive they were in your report on Page 26. It was 1.02 to 1.06,	2 3 4 5 6	exposure and ovarian cancer between the case-control studies and the cohort studies. Q. And he's looking at P-values, right. P07? A. Yeah. He is looking at P-values, and that is what most of
2 3 4 5 6 7	had a positive risk ratio, correct? A. I don't know why that plays into anything. Q. Well, okay. They both showed a positive they were in your report on Page 26. It was 1.02 to 1.06, whereas the statistically significant	2 3 4 5 6 7	exposure and ovarian cancer between the case-control studies and the cohort studies. Q. And he's looking at P-values, right. P07? A. Yeah. He is looking at
2 3 4 5 6 7 8	had a positive risk ratio, correct? A. I don't know why that plays into anything. Q. Well, okay. They both showed a positive they were in your report on Page 26. It was 1.02 to 1.06,	2 3 4 5 6 7 8	exposure and ovarian cancer between the case-control studies and the cohort studies. Q. And he's looking at P-values, right. P07? A. Yeah. He is looking at P-values, and that is what most of medical literature does and bases their
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	had a positive risk ratio, correct? A. I don't know why that plays into anything. Q. Well, okay. They both showed a positive they were in your report on Page 26. It was 1.02 to 1.06, whereas the statistically significant results from the case-control studies were 1.26 to 1.35. MS. MILLER: When you say "they both," what are you referring to? BY MR. TISI: Q. Okay. On Page 26 of your report, you say, "There is clear inconsistency between different study designs with the case-control studies yielding a statistically significant association ranging from 1.26 to 1.35,	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	exposure and ovarian cancer between the case-control studies and the cohort studies. Q. And he's looking at P-values, right. P07? A. Yeah. He is looking at P-values, and that is what most of medical literature does and bases their evidence on. And I looked and then I look at the magnitude of the differences between the two, and I do see that they are different. Q. Did you look to see whether the confidence intervals overlapped? A. What confidence intervals? Q. Well, if you go above. The same results here, if you go above in your paragraph, it says 1.26, 95 percent confidence interval 1.17 to 1.35.
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	Page 454		Page 456
1	Q. If you go above, you said	1	page of
2	1.26 to 1.35. But above, you're	2	Q. At the page on the
3	including the confidence intervals,	3	last page.
4	correct?	4	A. In the conclusions?
5	A. Yes.	5	Q. Yeah, 102 10
6	Q. Okay. The confidence	6	A. Okay. I'm sorry. I didn't
7	intervals for all of those results cross	7	understand.
8	1.2, for each and every one of them,	8	Q. No, that's fine. I should
9	don't they?	9	have oriented you. I apologize.
10	A. I don't know how that's	10	A. So the last sentence in the
11	relevant.	11	conclusion?
12	Q. I know you don't. I'm	12	Q. Right. And I'll read it.
13	asking you do they all cross 1.2? Do all	13	A. Okay.
14	the confidence intervals for every one of	14	Q. "Why do such important
15	these risk ratios have 1.2 in the	15	misconceptions about research"
16	confidence interval?	16	
17		17	A. Wait, wait, the last
	A. Well, I don't know what you		sentence in the conclusion? Mine says
18	mean by in. The one from 1.02 goes from	18	to the extent
19	.85 to 1.2. I suppose you could call	19	Q. I'm on the conclusions. I'm
20	that in it.	20	on the conclusions. The very
21	But, yeah, if you look at	21	A. Oh, the first sentence.
22	ranges, other than the one that it's on	22	Yes.
23	the actual point, the ranges would	23	Q. "Why do such important
24	contain 1.2.	24	misconceptions about research persist?
	Page 455		Page 457
1	Q. Okay. So all of these	1	To a large extent these misconceptions
2	reports are consistent in that the	2	represent substitutes for more thoughtful
3	confidence intervals include 1.2, would	3	and difficult tasks. It's simpler to
4	you agree with that?	4	resolve a discrepancy between a trial and
5	MR. LOCKE: Objection.	5	a non-experimental study in favor of a
6	THE WITNESS: No I would not	6	trial without undertaking a laborious
7	agree with that whatsoever.	7	analysis that Herman, et al., did. It's
8	BY MR. TISI:	8	easier to declare that a result is not
9		9	statistically significant, falsely
10	Q. Okay. So let me go back to Dr. Rothman's statement in in the	10	
			implying that there is no indication of
1 1		1 77	on accoming tion rather than consider
11	conclusion that he says in the	11	an association, rather than consider
12	conclusionary statement of his six	12	quantitatively the range of associations
12 13	conclusionary statement of his six misconceptions, persistent research	12 13	quantitatively the range of associations that the data actually support."
12 13 14	conclusionary statement of his six misconceptions, persistent research misconceptions.	12 13 14	quantitatively the range of associations that the data actually support." Do you see that?
12 13 14 15	conclusionary statement of his six misconceptions, persistent research misconceptions. He says, "It's easy to	12 13 14 15	quantitatively the range of associations that the data actually support." Do you see that? A. I that those are what
12 13 14 15 16	conclusionary statement of his six misconceptions, persistent research misconceptions. He says, "It's easy to declare a result is not statistically	12 13 14 15 16	quantitatively the range of associations that the data actually support." Do you see that? A. I that those are what those are the words.
12 13 14 15 16 17	conclusionary statement of his six misconceptions, persistent research misconceptions. He says, "It's easy to declare a result is not statistically significant, falsely implying that there	12 13 14 15 16 17	quantitatively the range of associations that the data actually support." Do you see that? A. I that those are what those are the words. Q. Okay. And the range of
12 13 14 15 16 17	conclusionary statement of his six misconceptions, persistent research misconceptions. He says, "It's easy to declare a result is not statistically significant, falsely implying that there is no indication of an association"	12 13 14 15 16 17	quantitatively the range of associations that the data actually support." Do you see that? A. I that those are what those are the words. Q. Okay. And the range of associations for the data is represented
12 13 14 15 16 17 18 19	conclusionary statement of his six misconceptions, persistent research misconceptions. He says, "It's easy to declare a result is not statistically significant, falsely implying that there is no indication of an association" A. I I'm sorry. I'm just	12 13 14 15 16 17 18	quantitatively the range of associations that the data actually support." Do you see that? A. I that those are what those are the words. Q. Okay. And the range of associations for the data is represented by the confidence intervals, correct?
12 13 14 15 16 17 18 19 20	conclusionary statement of his six misconceptions, persistent research misconceptions. He says, "It's easy to declare a result is not statistically significant, falsely implying that there is no indication of an association" A. I I'm sorry. I'm just stopping you because I really don't know	12 13 14 15 16 17 18 19 20	quantitatively the range of associations that the data actually support." Do you see that? A. I that those are what those are the words. Q. Okay. And the range of associations for the data is represented by the confidence intervals, correct? A. Now, where are you reading
12 13 14 15 16 17 18 19 20 21	conclusionary statement of his six misconceptions, persistent research misconceptions. He says, "It's easy to declare a result is not statistically significant, falsely implying that there is no indication of an association" A. I I'm sorry. I'm just	12 13 14 15 16 17 18 19 20 21	quantitatively the range of associations that the data actually support." Do you see that? A. I that those are what those are the words. Q. Okay. And the range of associations for the data is represented by the confidence intervals, correct?
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	Davis 450		D 160
	Page 458		Page 460
1	are between the confidence intervals?	1	week. I have not read that.
2	MS. MILLER: Objection.	2	So did you give me that
3	THE WITNESS: That's not	3	statement so I can
4	necessarily true. In the	4	Q. I haven't yet. I'm going to
5	meta-analyses, we have the range	5	do it. But it's not just this week. Did
6	of associations of the point	6	you know in 2016 the American Statistical
7	estimates. Those are not	7	Association was so concerned about the
8	confidence intervals.	8	misuse of statistical significance in
9	MADAM COURT REPORTER:	9	P-values that it took the extraordinary
10	Chris, can we go off the record	10	step, never before taken before, and
11	for a second, just briefly?	11	never before taken since, to issue a
12	THE VIDEOGRAPHER: The time	12	statement about the misuse of P-values
13	is 4:07 p.m. Off the record.	13	and statistical significance?
14	(Brief pause.)	14	A. If you say that's true, I
15	THE VIDEOGRAPHER: We are	15	would have to see what that statement was
16	back on the record. The time is	16	at that time.
17	4:12 p.m.	17	Q. Had you ever had you ever
18	BY MR. TISI:	18	heard of that?
19	Q. Doctor, isn't it true, that	19	A. I
20	the statistical the statistics	20	MS. MILLER: Objection.
21	community has abandoned the looking only	21	THE WITNESS: I heard
22	at looking at statistical significance	22	that I may have heard there was
23	in favor of looking at where the	23	a P-value statement. But again, I
24	confidence intervals are on studies in	24	didn't read it.
	Page 459		Page 461
1	terms of making decisions about things	1	BY MR. TISI:
2	like causation?	2	Q. You didn't know that?
3	MR. LOCKE: Objection.	3	Somebody as accomplished as you in the
4	THE WITNESS: So there's two	4	scientific and statistical community, you
5	different questions there. The		
		1 5	don't know when the American Statistical
6		5 6	don't know when the American Statistical Association position, as a member, what
6 7	first I heard, isn't it true that	6	Association position, as a member, what
7	first I heard, isn't it true that the statistical community	6 7	Association position, as a member, what the position is on P-values and
7 8	first I heard, isn't it true that the statistical community abandoned using P-values for	6 7 8	Association position, as a member, what the position is on P-values and statistical significance?
7 8 9	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance.	6 7 8 9	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection.
7 8 9 10	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I	6 7 8 9 10	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I
7 8 9 10 11	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the	6 7 8 9 10 11	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement.
7 8 9 10 11 12	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the statistical community. But I know	6 7 8 9 10 11 12	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement. BY MR. TISI:
7 8 9 10 11 12 13	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the statistical community. But I know in the medical literature and all	6 7 8 9 10 11 12 13	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement. BY MR. TISI: Q. Did you not know that it
7 8 9 10 11 12 13 14	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the statistical community. But I know in the medical literature and all studies that I've worked on and	6 7 8 9 10 11 12 13 14	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement. BY MR. TISI: Q. Did you not know that it even existed before I brought it up to
7 8 9 10 11 12 13 14 15	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the statistical community. But I know in the medical literature and all studies that I've worked on and all studies that I published, we	6 7 8 9 10 11 12 13 14 15	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement. BY MR. TISI: Q. Did you not know that it even existed before I brought it up to you?
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7 8 9 10 11 12 13 14 15 16	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the statistical community. But I know in the medical literature and all studies that I've worked on and all studies that I published, we had P-values in them. So I don't know who you mean	6 7 8 9 10 11 12 13 14 15 16 17	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement. BY MR. TISI: Q. Did you not know that it even existed before I brought it up to you? A. Again, I didn't know what type of statement it is and the way you
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the statistical community. But I know in the medical literature and all studies that I've worked on and all studies that I published, we had P-values in them. So I don't know who you mean by the statistical community abandoning P-values. BY MR. TISI: Q. Well, what about the American Statistical Association?	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement. BY MR. TISI: Q. Did you not know that it even existed before I brought it up to you? A. Again, I didn't know what type of statement it is and the way you characterized it. As I said, I think I heard there was some things on P-values Q. Did you bother to look it up?
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	first I heard, isn't it true that the statistical community abandoned using P-values for statistical significance. And I I don't think I I'm not sure what you mean by the statistical community. But I know in the medical literature and all studies that I've worked on and all studies that I published, we had P-values in them. So I don't know who you mean by the statistical community abandoning P-values. BY MR. TISI: Q. Well, what about the	6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Association position, as a member, what the position is on P-values and statistical significance? MR. LOCKE: Objection. THE WITNESS: I said I haven't read the statement. BY MR. TISI: Q. Did you not know that it even existed before I brought it up to you? A. Again, I didn't know what type of statement it is and the way you characterized it. As I said, I think I heard there was some things on P-values Q. Did you bother to look it

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	Page 462		Page 464
1	MS. MILLER: Objection.	1	because all the studies I looked
2	BY MR. TISI:	2	at were talking about statistical
3	Q. So having heard there was a	3	significance. So it would be odd
4	statement about statistical significance	4	if I didn't talk about statistical
5	and P-values by the American Statistical	5	significance.
6	Association, it wasn't important for you	6	Can you show me a report
7	to look it up and see, well, what do my	7	where there wasn't a P-value in
8	colleagues say about this?	8	the studies I reviewed.
9	A. I don't think it's a matter	9	BY MR. TISI:
10	of importance. I think it's a matter of	10	Q. I'm asking you the
11	time. And you know, I when that came	11	questions. I'm asking you the questions.
12	out, I may have thought, oh, that's	12	And the question that I'm asking you is,
13	something worth looking at. But, you	13	since you were doing a whole causation
14	know, my time got consumed by more	14	analysis, looking at the totality of the
15	pressing matters, and I never got to it.	15	evidence, 30-some odd studies and dealing
16	Q. This came out in 2016. This	16	with an issue of consistency, and relying
17	is 2019. You mean you had no time in the	17	on statistical significance, not for one
18	past three years to look at a	18	study, but looking across studies,
19	two-three-page statement about the misuse	19	looking across design, did you not think
20	of P-values and statistical significance?	20	it important to say, you know, I remember
21	MS. MILLER: Objection.	21	that the American Association for
22	THE WITNESS: That's not	22	American Statistical Association came out
23	what I said or meant. What I	23	with this really unique statement. Maybe
24	meant is that at the time it came	24	I ought to pick it up and take a look at
	Page 463		Page 465
1	out, I likely thought, oh, if I	1	it?
2	ever have a spare minute, this	2	MR. LOCKE: Objection.
3	would be something interesting to	3	THE WITNESS: Again, I don't
4	look at. But I don't think I came	4	see how that's relevant, because
5	out with I the spare minute	5	to do the analyses I've done, I
6	probably may have happened later.		
		6	rely upon how the papers report
7	But by that point, I had forgotten	6 7	rely upon how the papers report their results and so forth. And I
7 8	But by that point, I had forgotten about it.	6 7 8	rely upon how the papers report
8 9	But by that point, I had forgotten about it. BY MR. TISI:	6 7 8 9	rely upon how the papers report their results and so forth. And I can't impose sort of a different way for them to analyze their
8 9 10	But by that point, I had forgotten about it. BY MR. TISI: Q. Well, in the interim you had	6 7 8 9 10	rely upon how the papers report their results and so forth. And I can't impose sort of a different way for them to analyze their data.
8 9 10 11	But by that point, I had forgotten about it. BY MR. TISI: Q. Well, in the interim you had written two reports, one in	6 7 8 9 10 11	rely upon how the papers report their results and so forth. And I can't impose sort of a different way for them to analyze their data. BY MR. TISI:
8 9 10 11 12	But by that point, I had forgotten about it. BY MR. TISI: Q. Well, in the interim you had written two reports, one in Viagra/Cialis Cialis outside of your	6 7 8 9 10 11 12	rely upon how the papers report their results and so forth. And I can't impose sort of a different way for them to analyze their data. BY MR. TISI: Q. They didn't do they
8 9 10 11 12 13	But by that point, I had forgotten about it. BY MR. TISI: Q. Well, in the interim you had written two reports, one in Viagra/Cialis Cialis outside of your work and one here for 56 hours or	6 7 8 9 10 11 12 13	rely upon how the papers report their results and so forth. And I can't impose sort of a different way for them to analyze their data. BY MR. TISI: Q. They didn't do they didn't do Bradford Hill tests, did they?
8 9 10 11 12 13 14	But by that point, I had forgotten about it. BY MR. TISI: Q. Well, in the interim you had written two reports, one in Viagra/Cialis Cialis outside of your work and one here for 56 hours or whatever it happened to be.	6 7 8 9 10 11 12 13 14	rely upon how the papers report their results and so forth. And I can't impose sort of a different way for them to analyze their data. BY MR. TISI: Q. They didn't do they didn't do Bradford Hill tests, did they? You did. You did in this litigation.
8 9 10 11 12 13 14 15	But by that point, I had forgotten about it. BY MR. TISI: Q. Well, in the interim you had written two reports, one in Viagra/Cialis Cialis outside of your work and one here for 56 hours or whatever it happened to be. And you mentioned	6 7 8 9 10 11 12 13 14 15	rely upon how the papers report their results and so forth. And I can't impose sort of a different way for them to analyze their data. BY MR. TISI: Q. They didn't do they didn't do Bradford Hill tests, did they? You did. You did in this litigation. All the studies, very none of these
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	Page 466		Page 468
1	statistician at a medical university and	1	Q. Is that a criticism
2	you are unaware what the American	2	MS. MILLER: And also talk
3	Statistical Association says about	3	over me.
4	P-values?	4	MR. TISI: I'm going to talk
5	MS. MILLER: Objection.	5	because
6	THE WITNESS: Again, I	6	MS. MILLER: Do you just
7	looked at all the literature that	7	talk over all women?
8	exists. And I I used the	8	MR. TISI: Oh, please don't
9	Bradford Hill criteria to	9	do that to me. I have no problem
10	determine whether or not there is	10	with you with you objecting.
11	a causal relationship between	11	But your constant speaking
12	perineal talc exposure and ovarian	12	objections are are really
13		13	overboard.
$\frac{13}{14}$	cancer.	14	BY MR. TISI:
15	And the methodology that I	15	
	used is the methodology that all	1	Q. Doctor
16	others use. And so I don't see	16	MS. SHARKO: I don't think
17	the relevance of having to look	17	the record will demonstrate that.
18	up or I don't see the relevance	18	MR. TISI: I think the
19	of looking up a statement on	19	record will demonstrate that.
20	P-values to do that analyses.	20	BY MR. TISI:
21	BY MR. TISI:	21	Q. Doctor, did you isn't one
22	Q. You know that looking at the	22	of your criticisms of the plaintiffs'
23	plaintiffs' experts reports they you	23	experts, one of them, is that they
24	clearly were critical of the plaintiffs'	24	they were looking at the point estimate
	Page 467		Page 469
1	experts for looking at the point	1	and not the of these studies for
2	estimates and not considering the	2	consistency, and not considering whether
3	whether a study was statistically	3	or not they were statistically
4	significant or not, true?	4	significant or not? I'm asking you, is
5	A. Can you point me to	5	that as you sit here today, is that
6	Q. I'm asking whether that's	6	one of your criticisms?
7	true. We can go through it. I'm asking	7	A. I'm asking you to point that
8	you, was that or is that one of your	8	out to me, because you
9	criticisms?	9	Q. I'm asking you I'm asking
10	A. Well, you told me that was a	10	you, is that one of your criticisms?
11	criticism.	11	A. I I'll have to read
12	Q. Is it a criticism?	12	through all my criticisms. I'm happy to
13	A. I'm asking you show me in my	13	do so.
$\frac{13}{14}$	report where that	14	Q. I thought you would have
		1	
	() Is that a criticism?	1 15	
15	Q. Is that a criticism?	15	done that in preparation for today. A Yeah and I'm tired And
15 16	A. I can't	16	A. Yeah, and I'm tired. And
15 16 17	A. I can't MS. MILLER: Please don't	16 17	A. Yeah, and I'm tired. And it's a long day, and I don't I did not
15 16 17 18	A. I can't MS. MILLER: Please don't talk over the witness.	16 17 18	A. Yeah, and I'm tired. And it's a long day, and I don't I did not memorize my, you know, 40-some-page
15 16 17 18 19	A. I can't MS. MILLER: Please don't talk over the witness. BY MR. TISI:	16 17 18 19	A. Yeah, and I'm tired. And it's a long day, and I don't I did not memorize my, you know, 40-some-page report. So I will
15 16 17 18 19 20	A. I can't MS. MILLER: Please don't talk over the witness. BY MR. TISI: Q. Is that is that a	16 17 18 19 20	A. Yeah, and I'm tired. And it's a long day, and I don't I did not memorize my, you know, 40-some-page report. So I will Q. When's the last time you
15 16 17 18 19 20 21	A. I can't MS. MILLER: Please don't talk over the witness. BY MR. TISI: Q. Is that is that a criticism of yours	16 17 18 19 20 21	A. Yeah, and I'm tired. And it's a long day, and I don't I did not memorize my, you know, 40-some-page report. So I will Q. When's the last time you A. I will take the time and go
15 16 17 18 19 20 21	A. I can't MS. MILLER: Please don't talk over the witness. BY MR. TISI: Q. Is that is that a criticism of yours MS. MILLER: How many times	16 17 18 19 20 21 22	A. Yeah, and I'm tired. And it's a long day, and I don't I did not memorize my, you know, 40-some-page report. So I will Q. When's the last time you A. I will take the time and go through and
15 16 17 18 19 20 21	A. I can't MS. MILLER: Please don't talk over the witness. BY MR. TISI: Q. Is that is that a criticism of yours	16 17 18 19 20 21	A. Yeah, and I'm tired. And it's a long day, and I don't I did not memorize my, you know, 40-some-page report. So I will Q. When's the last time you A. I will take the time and go

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	Page 470		Page 472
1		1	
1	MS. MILLER: She's in the	1 2	MS. MILLER: Would you like
2 3	middle of a sentence again. BY MR. TISI:	3	me to re-read? MR. TISI: No. She's not
4	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4	asking to re-read. You are.
5	Q. When's the last time you read it before today?	5	THE WITNESS: Well, I am. I
6	MR. TISI: This is a	6	am. I'm confused. What is the
7		7	question?
8	filibuster, and you know it. THE WITNESS: I'm trying to	8	BY MR. TISI:
9	answer your question. And you're	9	Q. Doctor doctor okay.
10	asking me if I made that	10	Do you have an opinion to a reasonable
11	criticism. And I'm saying that I	11	degree of scientific certainty that the
12	can't remember off the top of my	12	plaintiffs' experts were wrong and used
13	head.	13	an improper methodology if they looked at
14	BY MR. TISI:	14	the point estimates for consistency and
15	Q. Okay.	15	did not consider statistical
16	A. And if you know where it is	16	significance? If that was shown to be
17	in here, that I made that criticism, I	17	true, would that be wrong?
18	ask for the help. You said no, I'm not	18	A. I think if someone only
19	going to do that. You need to remember	19	looked at point estimates and did not
20	that. And	20	look at statistical significance, that
21	Q. I didn't say that.	21	would be incorrect.
22	A. Well, that's how I	22	Q. Okay. What if they looked
23	interpreted it.	23	at the point estimate and the confidence
24	Q. Okay.	24	interval, irrespective of statistical
	Q. Only.		mer val, mespective or statistical
	Page 471		
	1436 172		Page 473
1	A. And then I said, well, okay,	1	Page 473 significance?
2		1 2	
	A. And then I said, well, okay,	1	significance?
2	A. And then I said, well, okay, then I'll have to go through and read to	2	significance? A. Again, I'd have to see the
2 3 4 5	A. And then I said, well, okay, then I'll have to go through and read to see if I made that criticism. Q. Okay. As you sit here today, okay, because honestly, I don't	2 3	significance? A. Again, I'd have to see the analyses. The analyses that I looked at in terms of consistency was methodologically flawed.
2 3 4 5 6	A. And then I said, well, okay, then I'll have to go through and read to see if I made that criticism. Q. Okay. As you sit here today, okay, because honestly, I don't have the time to go through this. But I	2 3 4 5 6	significance? A. Again, I'd have to see the analyses. The analyses that I looked at in terms of consistency was methodologically flawed. Q. Okay. Let's look at the ASA
2 3 4 5 6 7	A. And then I said, well, okay, then I'll have to go through and read to see if I made that criticism. Q. Okay. As you sit here today, okay, because honestly, I don't have the time to go through this. But I know it's in there.	2 3 4 5 6 7	significance? A. Again, I'd have to see the analyses. The analyses that I looked at in terms of consistency was methodologically flawed. Q. Okay. Let's look at the ASA statement on P-values. If you go to the
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. And then I said, well, okay, then I'll have to go through and read to see if I made that criticism. Q. Okay. As you sit here today, okay, because honestly, I don't have the time to go through this. But I know it's in there. A. Well, then please show it to me. Q. I said I know it's in there, and I don't have the time to go through it. But I'm asking you, as you sit here today, do you have an opinion to a reasonable degree of scientific certainty that the plaintiffs' experts were wrong and used an improper methodology if they looked at the point estimates and did not	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	significance? A. Again, I'd have to see the analyses. The analyses that I looked at in terms of consistency was methodologically flawed. Q. Okay. Let's look at the ASA statement on P-values. If you go to the "ASA statement on P-values: Context and purpose, the editorial." Do you see that? Second page. A. I don't have that document. Q. It's right in front of you, I believe. A. 28? Q. Mm-hmm. A. Second page?
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. And then I said, well, okay, then I'll have to go through and read to see if I made that criticism. Q. Okay. As you sit here today, okay, because honestly, I don't have the time to go through this. But I know it's in there. A. Well, then please show it to me. Q. I said I know it's in there, and I don't have the time to go through it. But I'm asking you, as you sit here today, do you have an opinion to a reasonable degree of scientific certainty that the plaintiffs' experts were wrong and used an improper methodology if they looked at the point estimates and did not consider statistical significance? If that were shown to be true, would that be wrong?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Again, I'd have to see the analyses. The analyses that I looked at in terms of consistency was methodologically flawed. Q. Okay. Let's look at the ASA statement on P-values. If you go to the "ASA statement on P-values: Context and purpose, the editorial." Do you see that? Second page. A. I don't have that document. Q. It's right in front of you, I believe. A. 28? Q. Mm-hmm. A. Second page? Q. Yep. It says, "ASA statement on P-values: Context, process, and purpose."
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. And then I said, well, okay, then I'll have to go through and read to see if I made that criticism. Q. Okay. As you sit here today, okay, because honestly, I don't have the time to go through this. But I know it's in there. A. Well, then please show it to me. Q. I said I know it's in there, and I don't have the time to go through it. But I'm asking you, as you sit here today, do you have an opinion to a reasonable degree of scientific certainty that the plaintiffs' experts were wrong and used an improper methodology if they looked at the point estimates and did not consider statistical significance? If that were shown to be true, would that be wrong? MS. MILLER: Objection. If what was shown to be true?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	significance? A. Again, I'd have to see the analyses. The analyses that I looked at in terms of consistency was methodologically flawed. Q. Okay. Let's look at the ASA statement on P-values. If you go to the "ASA statement on P-values: Context and purpose, the editorial." Do you see that? Second page. A. I don't have that document. Q. It's right in front of you, I believe. A. 28? Q. Mm-hmm. A. Second page? Q. Yep. It says, "ASA statement on P-values: Context, process, and purpose." A. Okay. Q. And if you go down and
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2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. And then I said, well, okay, then I'll have to go through and read to see if I made that criticism. Q. Okay. As you sit here today, okay, because honestly, I don't have the time to go through this. But I know it's in there. A. Well, then please show it to me. Q. I said I know it's in there, and I don't have the time to go through it. But I'm asking you, as you sit here today, do you have an opinion to a reasonable degree of scientific certainty that the plaintiffs' experts were wrong and used an improper methodology if they looked at the point estimates and did not consider statistical significance? If that were shown to be true, would that be wrong? MS. MILLER: Objection. If what was shown to be true?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	significance? A. Again, I'd have to see the analyses. The analyses that I looked at in terms of consistency was methodologically flawed. Q. Okay. Let's look at the ASA statement on P-values. If you go to the "ASA statement on P-values: Context and purpose, the editorial." Do you see that? Second page. A. I don't have that document. Q. It's right in front of you, I believe. A. 28? Q. Mm-hmm. A. Second page? Q. Yep. It says, "ASA statement on P-values: Context, process, and purpose." A. Okay. Q. And if you go down and

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	Page 474		Page 476
1	you to read the whole thing.	1	please?
2	It says, "When the ASA board	2	Q. Page 131. We are at the
3	decided to take up" at the very last	3	bottom, 63.4.
4	paragraph at the bottom of the left	4	A. Okay. Yes, I'm there.
5	column. "When the ASA board decided to	5	Q. Do you see Number 2 where it
6	take up the challenge of developing	6	says, "P-values" and let me ask you if
7	policy statements on P-values and	7	this is a true statement or not.
8	statistical significance, it did so	8	"P-values do not measure the probability
9	recognizing this was not a lightly taken	9	that a study hypothesis is true or the
10	step. The ASA has not previously taken	10	probability that the data was produced by
11	positions on specific matters of	11	random chance alone."
12	statistical practice."	12	Do you see that?
13	Is that true? I mean, is	13	A. Yes, I do.
14	that did I read that correctly?	14	
15	•	15	Q. Okay. It says, "Researchers often wish to turn P-values into a
16	A. You read the words, yes.	16	statement the truth of a null hypothesis
17	Q. Okay. Have you ever seen the ASA do issue a statement other	17	
18		1	or about the probability that random
19	than what I've just presented you here,	18	chance produced the overall data. The
	about statistical practice?	19	P-value is neither. It is a statement
20	A. Well, they state that they	20	about the data in relation to a specified
21	previously have not previously taken	21	hypothetical explanation and it is not a
22	positions. So if what they are saying is	22	statement about the explanation itself."
23	true, there would be nothing to see.	23	Is that true?
24	Q. Okay. And if you look at	24	A. Yeah, I I'll have to
	Page 475		Page 477
1	the next page, some of the people who	1	parse it in different ways.
2	were involved in this are, among other	2	So it is true that the
3	people, Sander Greenland, and Kenneth	3	P-value is not the truth about a
4	Rothman. You see their names there?	4	
5	A. I'm sorry. Where are you?		hypothesis. To calculate a P-value, you
			hypothesis. To calculate a P-value, you need to assume the hypothesis is true.
Ю		5	need to assume the hypothesis is true.
6 7	Q. Next page. Do you see the	5 6	need to assume the hypothesis is true. Therefore, it can't be the
7	Q. Next page. Do you see the bullet points on the right?	5 6 7	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true
7 8	Q. Next page. Do you see the bullet points on the right?A. Yeah. There's a list of	5 6 7 8	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So,
7 8 9	Q. Next page. Do you see the bullet points on the right?A. Yeah. There's a list of individuals. Yes, I see that.	5 6 7 8 9	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that.
7 8 9 10	 Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, 	5 6 7 8 9	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says
7 8 9 10 11	 Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that 	5 6 7 8 9 10 11	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris,
7 8 9 10 11 12	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day,	5 6 7 8 9 10 11 12	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your
7 8 9 10 11 12 13	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct?	5 6 7 8 9 10 11 12 13	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry.
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7 8 9 10 11 12 13 14 15	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets?	5 6 7 8 9 10 11 12 13 14 15	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a
7 8 9 10 11 12 13 14 15	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah.	5 6 7 8 9 10 11 12 13 14 15	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null
7 8 9 10 11 12 13 14 15 16	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah. A. Well, these are references.	5 6 7 8 9 10 11 12 13 14 15 16	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null hypothesis.
7 8 9 10 11 12 13 14 15 16 17	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah. A. Well, these are references. Q. Okay. All right. If you go	5 6 7 8 9 10 11 12 13 14 15 16 17 18	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null hypothesis. A. That's what I mean. You're
7 8 9 10 11 12 13 14 15 16 17 18	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah. A. Well, these are references. Q. Okay. All right. If you go to the next page, the ASA statements on	5 6 7 8 9 10 11 12 13 14 15 16 17 18	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null hypothesis. A. That's what I mean. You're assume the null hypothesis is true in
7 8 9 10 11 12 13 14 15 16 17 18 19 20	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah. A. Well, these are references. Q. Okay. All right. If you go to the next page, the ASA statements on statistical significance.	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null hypothesis. A. That's what I mean. You're assume the null hypothesis is true in order to calculate a P-value. So
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah. A. Well, these are references. Q. Okay. All right. If you go to the next page, the ASA statements on statistical significance. A. On what page? Could you	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null hypothesis. A. That's what I mean. You're assume the null hypothesis is true in order to calculate a P-value. So therefore the P-value cannot be the
7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah. A. Well, these are references. Q. Okay. All right. If you go to the next page, the ASA statements on statistical significance. A. On what page? Could you just	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null hypothesis. A. That's what I mean. You're assume the null hypothesis is true in order to calculate a P-value. So therefore the P-value cannot be the probability the null hypothesis is true
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7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Q. Next page. Do you see the bullet points on the right? A. Yeah. There's a list of individuals. Yes, I see that. Q. Among them Sander Greenland, Kenneth Rothman, the two people that we've been talking about all day, correct? A. So, again, can you point me you mean these bullets? Q. Yeah. A. Well, these are references. Q. Okay. All right. If you go to the next page, the ASA statements on statistical significance. A. On what page? Could you just	5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	need to assume the hypothesis is true. Therefore, it can't be the probability that the hypothesis is true because you assumed it was true. So, yes, I agree with that. Q. But it also says THE VIDEOGRAPHER: Chris, watch your watch your microphone. Sorry. BY MR. TISI: Q. But it also says it is not a statement of the truth of the null hypothesis. A. That's what I mean. You're assume the null hypothesis is true in order to calculate a P-value. So therefore the P-value cannot be the probability the null hypothesis is true

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	Page 478		Page 480
1	Q. The next statement is	1	sentence says
2	"Scientific conclusions and business	2	A. No, no, no. Very end of
3	policy decisions should not be based only	3	what?
4	on whether a P-value passes a specific	4	Q. The very end of the
5	threshold. Practices that reduce data	5	conclusion section.
6	analysis to scientific inferences to	6	A. On a different page now?
7	mechanical bright-line rules, i.e.,	7	Q. On a different next page.
8	P-value .05 for justifying scientific	8	The next sentence says, "No single index
9	claims and conclusions, can lead to	9	should substitute for scientific
10	enormous beliefs and poor decisionmaking.	10	reasoning."
11	"A conclusion does not	11	Do you agree with that?
12	immediately become true on one side of	12	A. I haven't again, that's
13	the divide and false on the other."	13	taken out of context. I agree with the
14	Do you agree with that?	14	whole thing that's, "Good statistical
15	A. I agree that you read the	15	practice is an essential component of
16	sentence. And I go on, and what makes	16	good scientific practice, emphasizes
17	me this true is researchers should	17	principles of good study design and
18	bring many contextual factors into play	18	conduct, a variety of numerical and
19	to derive scientific inferences,	19	graphical summaries of data,
20	including the design of a study, the	20	understanding the phenomenon under study,
21	quality of the measurements, the external	21	and interpretation of results in context,
22	elements for the phenomenon under study,	22	complete reporting and proper and logical
23	and the validity of the assumptions that	23	quantitative understanding of what the
24	underlie the data analysis. And to me,	24	data summaries mean."
	Page 479		Page 481
			1490 101
1	this sort of encompasses what the	1	Q. And then the next sentence
2	this sort of encompasses what the Bradford Hill framework is doing.	2	
2 3	Bradford Hill framework is doing. Q. And let's read the rest of		Q. And then the next sentence says? A. "No single index" I don't
2 3 4	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic	2 3 4	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It
2 3 4 5	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes	2 3 4 5	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should
2 3 4 5 6	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes and no decisions, but does not mean that	2 3 4 5 6	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should substitute for scientific reasoning." It
2 3 4 5 6 7	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes and no decisions, but does not mean that the P-value alone can ensure that a	2 3 4 5 6 7	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should substitute for scientific reasoning." It says no single index. It could be any
2 3 4 5 6 7 8	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes and no decisions, but does not mean that the P-value alone can ensure that a decision is correct or incorrect. The	2 3 4 5 6 7 8	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should substitute for scientific reasoning." It says no single index. It could be any index, the mean.
2 3 4 5 6 7 8	Pradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes and no decisions, but does not mean that the P-value alone can ensure that a decision is correct or incorrect. The widespread use of statistical	2 3 4 5 6 7 8 9	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should substitute for scientific reasoning." It says no single index. It could be any index, the mean. Q. Now, do you know that the
2 3 4 5 6 7 8 9	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes and no decisions, but does not mean that the P-value alone can ensure that a decision is correct or incorrect. The widespread use of statistical significance, generally interpreted as a	2 3 4 5 6 7 8 9	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should substitute for scientific reasoning." It says no single index. It could be any index, the mean. Q. Now, do you know that the American Statistical and you were not
2 3 4 5 6 7 8 9 10	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes and no decisions, but does not mean that the P-value alone can ensure that a decision is correct or incorrect. The widespread use of statistical significance, generally interpreted as a P-value less than or equal to .05, is a	2 3 4 5 6 7 8 9 10	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should substitute for scientific reasoning." It says no single index. It could be any index, the mean. Q. Now, do you know that the American Statistical and you were not asked to be on this panel, I assume,
2 3 4 5 6 7 8 9 10 11	Bradford Hill framework is doing. Q. And let's read the rest of it. It goes on to say, "Pragmatic considerations often require binary yes and no decisions, but does not mean that the P-value alone can ensure that a decision is correct or incorrect. The widespread use of statistical significance, generally interpreted as a P-value less than or equal to .05, is a license for making a claim of a	2 3 4 5 6 7 8 9 10 11 12	Q. And then the next sentence says? A. "No single index" I don't know what they're referring to there. It doesn't say the P-value alone "should substitute for scientific reasoning." It says no single index. It could be any index, the mean. Q. Now, do you know that the American Statistical and you were not asked to be on this panel, I assume, since you didn't even know that you
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	Page 482		Page 484
1	how who is on the panel and how many	1	important statistics journal that there
2	people are on the panel.	2	is. I think it depends upon no. I
3	Q. I didn't ask you that.	3	Q. Did you know just this week,
4	A. But I have a feeling that	4	as I indicated, that the journal devoted
5			
	there are many people that weren't on the	5	its entire volume to the issue of
6	panel.	6	statistical significance?
7	Q. I didn't ask that. I asked	7	A. So this week's journal?
8	whether you were asked to be on the	8	Q. Mm-hmm.
9	panel.	9	A. And, you know, I don't even
10	A. No, I was not asked to be on	10	know if I had been in my office to get
11	the panel.	11	it. So I am not aware of that.
12	Q. That was the answer to the	12	Q. You weren't aware that it
13	question. Thank you.	13	was coming out, were you?
14	Next question is now, I	14	A. I don't know why I would be
15	represented to you that this week the	15	aware that it's coming out.
16	American you know, do you get the	16	Q. Sometimes if something big
17	journal, the American Statistician?	17	is happening in the world of statistics,
18	A. Yes.	18	kind of a lot of people involved, it gets
19	Q. It's probably the most	19	out that they are putting together a
20	important journal in the statistical	20	volume devoted to a specific topic.
21	in the field of statistics. Would you	21	You didn't you were
22		22	unaware of it?
23	agree?		
	MS. MILLER: Objection.	23	A. I well, I I don't know
24	BY MR. TISI:	24	if that statement is true or not. I
	Page 483		Page 485
1	Q. It's a high-impact journal	1	mean, I know in JCO, we put out very
2	within that field?	2	we put out special issues. And I don't
3	MS. MILLER: Objection.	3	think all of oncology is aware it's
4	THE WITNESS: Wait, what's	4	coming out.
5	the journal again?	5	Q. So I'm going to show you in
6	(Document marked for	6	the is the journal Science a good
7	identification as Exhibit	7	journal? Sorry. Nature. I'm sorry.
8	Ballman-28.)	8	A. Yes. Nature is a very good
9	BY MR. TISI:	9	journal.
10	Q. The American the	10	
			Q. The entire ASA journal was
11	American what's the journal of the	11	devoted to 43 studies, 43 papers on this
12	American Statistical Society?	12	topic.
13	A. What is the journal? The	13	MS. MILLER: What's ASA?
14	journal JASA.	14	MR. TISI: The American
15	Q. Yeah. Actually, just give	15	Statistical Association.
16	me the I'm sorry. I apologize.	16	MS. MILLER: That's not a
17	A. JASA, I believe, is the	17	journal. That's an association.
	Journal of ASA. The Journal of the	18	You said
18		1 10	MR. TISI: You're
	American Statistical	19	WIIX. TIST. TOUTE
18		20	
18 19 20	Q. It's the American	20	interrupting me now.
18 19 20 21	Q. It's the American Statistician. The American Statistician.	20 21	interrupting me now. MS. MILLER: Fine.
18 19 20 21 22	Q. It's the AmericanStatistician. The American Statistician.A. Yeah, that's sort of a I	20 21 22	interrupting me now. MS. MILLER: Fine. MR. TISI: Their journal is
18 19 20 21	Q. It's the American Statistician. The American Statistician.	20 21	interrupting me now. MS. MILLER: Fine.

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	Page 486		Page 488
1	said that's not their journal.	1	MS. MILLER: Objection.
2	THE WITNESS: No, I didn't	2	That was not read correctly.
3	say that.	3	BY MR. TISI:
4	MS. MILLER: Oh, I	4	Q. These three authors and more
5	misunderstood.	5	than 800 signatories call for an end to
6	THE WITNESS: I said I don't	6	hyped claims and the dismissal of
7	believe it's the most important.	7	possibly crucial effects.
8	Could I don't know if	8	Do you see that?
9	there's 40-some articles.	9	A. I see how that's stated
10	BY MR. TISI:	10	there.
11	Q. I'm going to represent to	11	Q. Okay. And I'm happy to give
12	you that it is.	12	you an opportunity to read it. And since
13	And I'm you know, you can	13	you haven't read it, and this will take a
14	either believe me or not. My guess is at	14	moment, I'm happy to do it, but I am
15	some point this week, you may go home and	15	going to focus your attention to certain
16	take a look at it. But I didn't bring	16	things.
17	all 43 articles. And you'd want to read	17	Do you want to glance
18	them all anyway. So we don't have the	18	through it, I'm more than happy to have
19	time to do that.	19	you glance through it, but we can do it
20	A. But I'd at least like to	20	off the record.
21	look at the titles.	21	MR. TISI: Go off the
22	MR. TISI: Okay. Well, John	22	record, please.
23	can you pull up the titles of the	23	MR. LOCKE: No, no.
24	43? If you can get them on your	24	MR. TISI: That's what we've
	, ,		
	Page 487		Page 489
1	computer, please.	1	done if it's a long
2	BY MR. TISI:	2	MR. LOCKE: No, we have not.
3	Q. But in the meantime, a	3	MR. TISI: Yes, we have.
4	commentary related to this, this	4	MR. LOCKE: No, we have
5	publication was published in Nature by	5	not
6	Drs. Greenland, Blake McShane and	6	MR. TISI: Yes, we have.
7	Valentin Amrhein.	7	Yes, we have.
8	(Document marked for	8	MS. MILLER: I thought we go
9	identification as Exhibit	9	off the record if it's something
10	Ballman-29.)	10	the witness
11	BY MR. TISI:	11	MR. TISI: Hadn't seen,
12	Q. Okay. Let me show you that.	12	yeah.
13	Now, the title of this is "Retire	13	MS. MILLER: No, if it was
14	Statistical Significance."	14	something the witness had cited
15	Do you see that, Doctor?	15	and a reference. But if it's
16	A. It says "Retire Statistical	16	something the witness had never
17	Significance."	17	seen before, I don't think we'd go
18	Q. Okay. And actually,	18	off
19	Q. Okay. And actually, underneath it says, Valentin Amrhein,	18 19	off MR. TISI: No, that's what
		1	
19	underneath it says, Valentin Amrhein, Sander Greenland, and Blake McShane, and more 800 signatories, call for an end to	19	MR. TISI: No, that's what
19 20	underneath it says, Valentin Amrhein, Sander Greenland, and Blake McShane, and	19 20	MR. TISI: No, that's what we that's what we've been
19 20 21	underneath it says, Valentin Amrhein, Sander Greenland, and Blake McShane, and more 800 signatories, call for an end to hyped up claims and dismissal dismissal of possibly crucial effects.	19 20 21 22 23	MR. TISI: No, that's what we that's what we've been doing. MR. LOCKE: That's not what we've been doing.
19 20 21 22	underneath it says, Valentin Amrhein, Sander Greenland, and Blake McShane, and more 800 signatories, call for an end to hyped up claims and dismissal	19 20 21 22	MR. TISI: No, that's what we that's what we've been doing. MR. LOCKE: That's not what

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	Page 400		Dago 402
	Page 490		Page 492
1	what we've been doing.	1	that I actually know is Sander
2	Anyway, she's looking at it.	2	Greenland. I do not know who
3	BY MR. TISI:	3	Blake McShane is, nor Valentin
4	Q. Let's go through. I'm going	4	Amrhein.
5	to ask you to read down to the bottom of	5	BY MR. TISI:
6	the left-hand column. I'll ask you some	6	Q. Do you know do you have
7	questions about that.	7	respect for Sander Greenland?
8	A. How far do you want me to	8	MS. MILLER: Objection.
9	read?	9	THE WITNESS: Again, I know
10	Q. Just to the bottom of the	10	his name. I know he's done you
11	left-hand column?	11	know, he's authored some books and
12	A. Second page?	12	so forth.
13	Q. Second page, correct.	13	BY MR. TISI:
14	A. Okay. Just the bottom of	14	Q. So what they say here and
15	that first column.	15	of course, I'm reading in the second
16	Q. Correct.	16	page. It says, "We agree" "We are far
17	A. I have read that.	17	from alone. We invited others to read
18	Q. Actually, and you can	18	this draft" "read a draft of this
19	continue to the next the first	19	comment and sign their names if they
20	paragraph on the next page.	20	concurred with our message. 250 did so
21	MS. MILLER: The first	21	within 24 hours. A week later, we had
22	paragraph on the next column or	22	more than 800 signatories, all checked
23	the	23	for academic affiliation or other
24	MR. TISI: Next column.	24	indication of present or past work in a
	Page 491		D 402
	1030 171		Page 493
1	BY MR. TISI:	1	field that depends on statistical
1 2		1 2	
	BY MR. TISI: Q. Actually, you can read the		field that depends on statistical modeling." Do you see that?
2	BY MR. TISI:	2	field that depends on statistical modeling." Do you see that?
2 3	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until	2 3	field that depends on statistical modeling."
2 3 4	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until the next category.	2 3 4	field that depends on statistical modeling." Do you see that? A. That's what it says there.
2 3 4 5	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until the next category. A. Yes. I read it.	2 3 4 5	field that depends on statistical modeling." Do you see that? A. That's what it says there. Q. Okay. So this has been
2 3 4 5 6	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until the next category. A. Yes. I read it. Q. So, Doctor, under the	2 3 4 5 6	field that depends on statistical modeling." Do you see that? A. That's what it says there. Q. Okay. So this has been endorsed by 800 of your colleagues?
2 3 4 5 6 7	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until the next category. A. Yes. I read it. Q. So, Doctor, under the section that says first of all, these	2 3 4 5 6 7	field that depends on statistical modeling." Do you see that? A. That's what it says there. Q. Okay. So this has been endorsed by 800 of your colleagues? MR. LOCKE: Objection.
2 3 4 5 6 7 8	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until the next category. A. Yes. I read it. Q. So, Doctor, under the section that says first of all, these are all these authors are all people	2 3 4 5 6 7 8	field that depends on statistical modeling." Do you see that? A. That's what it says there. Q. Okay. So this has been endorsed by 800 of your colleagues? MR. LOCKE: Objection. BY MR. TISI:
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2 3 4 5 6 7 8 9 10 11 12 13	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until the next category. A. Yes. I read it. Q. So, Doctor, under the section that says first of all, these are all these authors are all people that you know in your field, correct? A. I've heard of their names. Q. Okay. These are all widely respected statisticians and	2 3 4 5 6 7 8 9 10 11 12 13 14	field that depends on statistical modeling." Do you see that? A. That's what it says there. Q. Okay. So this has been endorsed by 800 of your colleagues? MR. LOCKE: Objection. BY MR. TISI: Q. Correct? A. I don't know who the 800 people are. Q. Okay. And they say, "The pervasive problem" here on Page 1, says, "Let's be clear about what must
2 3 4 5 6 7 8 9 10 11 12 13	BY MR. TISI: Q. Actually, you can read the whole read the whole column up until the next category. A. Yes. I read it. Q. So, Doctor, under the section that says first of all, these are all these authors are all people that you know in your field, correct? A. I've heard of their names. Q. Okay. These are all widely respected statisticians and epidemiologists, correct?	2 3 4 5 6 7 8 9 10 11 12 13	field that depends on statistical modeling." Do you see that? A. That's what it says there. Q. Okay. So this has been endorsed by 800 of your colleagues? MR. LOCKE: Objection. BY MR. TISI: Q. Correct? A. I don't know who the 800 people are. Q. Okay. And they say, "The pervasive problem" here on Page 1,
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1	we urge authors to discuss the point	1	the number?
2	estimate, even when we have large	2	THE WITNESS: And after
3		3	
4	P-values or a wide interval, as well as	4	that, and I'm willing to do this. But I do need a bathroom break.
5	discussing the limits of that interval.		
	"For example, authors above	5	That water I drank.
6	could have written, "Like a previous	6	Yes, I have it.
7	study our results suggest a 20 percent	7	MR. SOILEAU: It's 26.
8	increased risk on new onset atrial	8	MS. MILLER: I got it.
9	fibrillation in patients given	9	THE WITNESS: We have it.
10	antiinflammatory drugs. Nonetheless, the	10	BY MR. TISI:
11	risk difference ranging from a 3 percent	11	Q. First, we talked about
12	decrease, a small negative association,	12	the comment that we talked about before
13	to a 48 percent increase, a substantial	13	if you look at the the most likely, do
14	positive association, is also reasonably	14	you agree with the statement in this,
15	compatible with our data.	15	"The point estimate is the most
16	"Interpreting the point	16	compatible with" "and the values near
17	estimate while acknowledging its	17	it are more compatible than those near
18	uncertainty will keep you from making	18	the limits in terms of the true risk."
19	false declarations of no difference and	19	A. Yeah, so can I place
20	then making overconfident claims."	20	something it says compatible with the
21	Do you see that?	21	data. It doesn't say compatible with the
22	A. I that's what it says	22	truth. We don't know the truth.
23	there.	23	So compatible with the data,
24	Q. Okay. Now, let's go back to	24	I agree. Compatible with the truth, I do
	Page 499		Page 501
1	talk about talc. First of all, do you	1	not agree because we don't know the
2			not agree because we don't know the
	agree with that?	2	truth. And we're just trying to estimate
3	agree with that? A. Again, I I would need to		
		2	truth. And we're just trying to estimate
3	A. Again, I I would need to read. I don't know what study they are	2 3	truth. And we're just trying to estimate it with the data. But it could be
3 4	A. Again, I I would need to	2 3 4	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases.
3 4 5	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I	2 3 4 5	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that
3 4 5 6	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about	2 3 4 5 6	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the
3 4 5 6 7	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the	2 3 4 5 6 7	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They
3 4 5 6 7 8	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page	2 3 4 5 6 7 8	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really
3 4 5 6 7 8 9	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about	2 3 4 5 6 7 8 9	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range
3 4 5 6 7 8 9 10	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you	2 3 4 5 6 7 8 9 10	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval.
3 4 5 6 7 8 9 10 11	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before.	2 3 4 5 6 7 8 9 10 11	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're
3 4 5 6 7 8 9 10 11 12	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable	2 3 4 5 6 7 8 9 10 11 12	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the
3 4 5 6 7 8 9 10 11 12 13	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something	2 3 4 5 6 7 8 9 10 11 12 13	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at
3 4 5 6 7 8 9 10 11 12 13 14 15	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay,	2 3 4 5 6 7 8 9 10 11 12 13 14 15	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval.
3 4 5 6 7 8 9 10 11 12 13 14 15	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time to think about it. So I'm just not	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes from a negative, and like a .97 all the
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time to think about it. So I'm just not comfortable saying whether I agree or	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes from a negative, and like a .97 all the way up to a 1.48, that you should talk
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time to think about it. So I'm just not comfortable saying whether I agree or not.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes from a negative, and like a .97 all the way up to a 1.48, that you should talk about the fact that, yes, it crosses
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time to think about it. So I'm just not comfortable saying whether I agree or not. Q. Well, let's go to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes from a negative, and like a .97 all the way up to a 1.48, that you should talk about the fact that, yes, it crosses zero. And you might have some risk that
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time to think about it. So I'm just not comfortable saying whether I agree or not. Q. Well, let's go to Dr. Merlo's chart if we could, back to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes from a negative, and like a .97 all the way up to a 1.48, that you should talk about the fact that, yes, it crosses zero. And you might have some risk that is negative. But most of the risk lies
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time to think about it. So I'm just not comfortable saying whether I agree or not. Q. Well, let's go to Dr. Merlo's chart if we could, back to that.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes from a negative, and like a .97 all the way up to a 1.48, that you should talk about the fact that, yes, it crosses zero. And you might have some risk that is negative. But most of the risk lies in the positive area.
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Again, I I would need to read. I don't know what study they are talking about above. I mean, I think I Q. Well, they're talking about the one we read on the prior page, the example that we read on the prior page with the example that we talked about that was talked about, that I asked you to read before. A. So I'm not comfortable agreeing or disagreeing with something that I was just handed and told, okay, you have a few minutes to read through this, you know, quickly and not have time to think about it. So I'm just not comfortable saying whether I agree or not. Q. Well, let's go to Dr. Merlo's chart if we could, back to	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	truth. And we're just trying to estimate it with the data. But it could be drastically wrong, like if there are recall biases and selection biases. Q. But one of the things that statisticians do is they say, look at the whole confidence interval, right? They say, here, the real thing that you really need to do is look at the range represented by the confidence interval. A. I think yeah, they're just saying one should look at the uncertainty in the estimate by looking at the confidence interval. Q. Okay. And the example they give is, if the confidence interval goes from a negative, and like a .97 all the way up to a 1.48, that you should talk about the fact that, yes, it crosses zero. And you might have some risk that is negative. But most of the risk lies

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	Davis 500		Davis 504
	Page 502		Page 504
1	are getting that confidence interval. I	1	to the exhibit with Dr. Merlo's exhibit
2	don't see a .97.	2	there. Would you please take for me, if
3	Q. It says here, "Nonetheless,	3	you could I'm going to give you this
4	the risk difference ranging from a 3	4	pen. And would you please highlight for
5	percent decrease"	5	me every single risk ratio that's above
6	A. Oh, I see.	6	one?
7	Q "a small negative	7	MS. MILLER: Objection.
8	association"	8	THE WITNESS: The risk ratio
9	A. Okay.	9	itself?
10	Q "to a 48 percent" "a	10	BY MR. TISI:
11	substantial"	11	Q. Yes.
12	A. I see. So you took one	12	A. I'm sorry. I goofed.
13	minus 3 percent. I got it. I'm with	13	MS. MILLER: Can you give a
14	you.	14	new one? She made a mistake.
15	Q. Okay. Okay. And so what	15	THE WITNESS: Can I color it
16	they're saying is you look at the	16	in green or something so
17	entirety of the confidence interval and	17	BY MR. TISI:
18	use your judgment. And you don't rely on	18	Q. Yeah, color it well, why
19	a snap decision of saying statistically	19	don't we put an X by it. This way we'll
20	significant or not, true?	20	know. Which one did you do it wrong?
21	A. Say ask the question	21	A. The last one.
22	again.	22	Q. Okay. That's Gonzalez. For
23	Q. They're saying you don't	23	the record, Gonzalez is not greater than
24	just flip a switch on statistical	24	one, correct?
	just hip a switch on statistical		sile, correct.
	Page 503		Page 505
1	significance. They say you look at the	1	MS. MILLER: Objection.
2	entirety of the confidence interval in	2	THE WITNESS: Yes, that's
3	the context of everything, correct?	3	correct.
4	A. Yeah. They're saying one	4	BY MR. TISI:
5	one can report the confidence interval so	5	Q. So now
6	that you know the uncertainty that's	6	A. The risk ratio.
7	associated with the point estimate.	7	Q. Now, the next thing that
8	MS. MILLER: Okay. I think	8	Dr. Greenland and his colleagues point
9	she asked for a break.	9	out here is that we look at the
10	MR. TISI: Sure. Although	10	confidence interval, correct?
11	we're in the yeah, if you need	11	A. What do you mean by the next
12	to do a break, we'll do that.	12	thing?
13	THE WITNESS: It can only be	13	Q. Well, one of the things he
14	like two minutes.	14	says, you need to look not at statistical
15	THE VIDEOGRAPHER: All	15	significance so much as the confidence
16	right. Stand by, please. Remove	16	interval, correct?
17	your microphones. The time is	17	A. Where is that statement?
18	4:48 p.m. Off the record.	18	Q. Well, he says here, he says,
19	(Short break.)	19	"The point estimate is the most
20	THE VIDEOGRAPHER: We are	20	compatible value and the values near the
21	back on the record. The time is	21	most comparable" "comparable than
22	4:54 p.m.	22	those near the limits. That's why you
23	BY MR. TISI:	23	urge authors to discuss the point
24	Q. Doctor, if you can go back	24	estimate even when you have a large
			, c

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Page 508 1 P-value or wide interval." 2 Okay. And then he talks 3 below about where the confidence interval 4 rates go, correct? 5 A. Well, you didn't quite 6 complete that sentence. So when they 7 have a large P-value or wide interval as 8 well as discussing the limits of the 9 interval. 10 Q. Okay. So let's discuss the 11 limits of the interval for a moment. 11 A. Okay. 12 A. Okay. 13 Q. Okay. Fin going to ask you, 14 if you wouldn't mind, to circle every 15 P-value on every confidence interval 16 that includes 1.2 actually, let me use 17 a black pen, use that that includes 18 1.2 either as within the upper or 19 lower bounds. 12 Q. Yeah, where 1.2 is within 22 the confidence interval. Plants by the side 3 of one other thing. This is the last 4 that include within the outpfience 5 interval of 1.25? 6 MS. MILLER: Objection. 7 BY MR. TISI: 8 Q. Or actually, let me use 1 thing I'll asked you to do with art. Page 507 1 Take this blue pen, and 2 would ask you to put a mark by the side 3 of anything that in any of those studies 4 that include within the confidence 5 interval of 1.25? 6 MS. MILLER: Objection. 7 BY MR. TISI: 8 Q. Or actually, let me use 1 thing I'll asked you to do with art. Page 507 1 Take this blue pen, and 2 would ask you to put a mark by the side 3 of anything that in any of those studies 4 that include within the confidence 5 interval of 1.25? 6 MS. MILLER: Objection. 7 BY MR. TISI: 8 Q. Or maybe you can highlight 9 the inside of the however you want to 10 doit. It's up to you. 11 A. (Witness complies.) 12 Q. Doctor, when you were 13 looking at this, you had an opportunity 14 to take a look at this, and you've done a 15 little bit of art here on this. 17 Irrespective of design, every one of these studies that the vast majority of them have in common a 20 percent have 20 percent increased risk of ovarian cancer? 14 MS. MILLER: Objection. 15 A. Pink. 16 BY MR. TISI: 16 A. Pink. 17 BY MR. TISI: 18 A. Because we know that 19 Jouet bounds. 20 A. Every confidence interval? 2				- 500
below about where the confidence interval rates go, correct? A. Well, you didn't quite Complete that sentence. So when they have a large P-value or wide interval as well as discussing the limits of the interval for a moment. A. Okay. So let's discuss the interval for a moment. A. Okay. The going to ask you, if you wouldn't mind, to circle every a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that — that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that includes 1.2—actually, let me use a black pen, use that—that a late 1.2—actually, let me use a black pen, use a black pen, use that—that a late 1.2—actually let me use a black pen, use a black		Page 506		Page 508
below about where the confidence interval rates go, correct? A. Well, you didn't quite complete that sentence. So when they have a large P-value or wide interval as well as discussing the limits of the interval. Q. Okay. So let's discuss the limits of the interval for a moment. A. Okay. A. Okay. Okay. Would you also agree that irrespective of design, every one of these every one of these studies that majority of excuse me, highlighted in red A. Pink. Q pink are consistent with A. Pink. Q pink are consistent with Q pink are consistent with A. Pink. Q pink are consistent with Q pink are consistent with A. Pink. A. Pink. Q pink are consistent with A. Pink. A. Pin			l	
4 rates go, correct? A. Well, you didn't quite 5 complete that sentence. So when they 7 have a large P-value or wide interval as 8 well as discussing the limits of the 9 interval. 10 Q. Okay. So let's discuss the 11 limits of the interval for a moment. 12 A. Okay. 13 Q. Okay. I'm going to ask you, 14 if you wouldn't mind, to circle every 15 P-value on — every confidence interval 16 that includes 1.2 - actually, let me use 17 a black pen, use that — that includes 18 1.2 either as — within the upper or 19 lower bounds. 20 A. Every confidence interval? 21 Q. Yeah, where 1.2 is within 22 the confidence interval. I'll ask you to 23 do one other thing. This is the last 24 thing I'll asked you to do with art. 25 ms. MILLER: Objection. 26 ms. MILLER: Objection. 27 ms. MS. MILLER: Objection. 28 ms. MILLER: Objection. 29 ms. MILLER: Objection. 20 D. Coro, when you were 21 looking at this, you had an opportunity 22 to take a look at this, and you've done a life irrespective of design, every one of these studies that includes last iter and or less that include interval as migority of them have a point estimate greater 20 these — every one of these e-very one of these rudies that irrespective of design, every one of these cudies that irrespective of design, every one of these cudies that irrespective of design, every one of these cudies that you highlight of the microal of Los as a would ask you. 11 the confidence interval of 1.25? 22 ms. MS. MILLER: Objection. 23 do not other thing. This is the last of anything that in any of those studies that include within the confidence interval of 1.25? 3 do not other thing. This is the last of anything that in any of those studies that include within the confidence interval of 1.25? 4 the confidence interval of 1.25? 5 do not other thing. This is the last of anything that in any of those studies that include within the confidence interval of 1.25? 4 the confidence interval of 1.25? 5 do not other thing. This is the last of anything that in any of those studies that include within th				
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21 THE WITHESS. THEAH, HE 27 TWO HSK TAHOS WHICH WERE EXACTLY				
	47	THE WITTNESS. THEAH, HE	4	two risk ratios which were exactly

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	Page 510		Page 512
1		1	
1	the same. One was statistically	1	this. Because I want to get kind of
2	significant, one was not.	2	isn't the decision the vast majority
3	And as I pointed out in my	3	of these studies have a risk ratio
4	report, the risk ratios across the	4	between 1.1 irrespective of design,
5	case-control studies differ by as	5	1.1 and 1.5. Would you agree with that?
6	much as four times. And so	6	There is some outliers on the low end and
7	BY MR. TISI:	7	outliers on the high end. But the vast
8	Q. Do you really expect in any	8	majority of them.
9	set of studies in anything that you've	9	A. But your so your
10	ever done, that the risk ratios be	10	your your
11	exactly the same?	11	Q. Go ahead.
12	A. To be exactly the same?	12	A. So when I look at numbers, I
13	Again, it depends upon the studies that	13	can say that those numbers fall in that
14	I'm comparing.	14	range.
15	Q. In fact, wouldn't you be	15	As to whether or not the
16	suspicious of a set of studies of any	16	true risk ratio is in that range, I have
17	design which had exactly the same risk	17	no idea, because I know of the biases
18	ratio?	18	that exist, especially in the
19	MS. MILLER: Objection.	19	case-control studies.
20	THE WITNESS: Again, I would	20	Q. Now, didn't Dr have you
21	have to see it depends on what	21	calculated a confounding how big a
22	the studies are that I'm looking	22	confounder would have to be in order to
23	at and so forth.	23	create a risk ratio of 1.3?
24	BY MR. TISI:	24	A. I think it depends. It
	Page 511		Page 513
1	Q. Have you ever seen that	1	depends upon many factors.
2	happen, a group of five studies where	2	Q. Well, how big would it have
3	.1 111		Q. Well, how org would he have
	they all have exact same risk ratio?	3	to be?
4	they all have exact same risk ratio? MS. MILLER: Objection.		
4 5		3	to be?
4	MS. MILLER: Objection.	3 4	to be? A. I can't answer that because
4 5	MS. MILLER: Objection. THE WITNESS: The exact	3 4 5	to be? A. I can't answer that because I need to know many things in order to
4 5 6	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah.	3 4 5 6	to be? A. I can't answer that because I need to know many things in order to calculate that.
4 5 6 7	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies	3 4 5 6 7	to be? A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr.
4 5 6 7 8	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah.	3 4 5 6 7 8	to be? A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the
4 5 6 7 8 9	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI:	3 4 5 6 7 8 9	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this.
4 5 6 7 8 9	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in	3 4 5 6 7 8 9	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be
4 5 6 7 8 9 10	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact	3 4 5 6 7 8 9 10	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21.
4 5 6 7 8 9 10 11	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio.	3 4 5 6 7 8 9 10 11 12	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI:
4 5 6 7 8 9 10 11 12	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection.	3 4 5 6 7 8 9 10 11 12 13	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21.
4 5 6 7 8 9 10 11 12 13 14	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI:	3 4 5 6 7 8 9 10 11 12 13 14	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it.
4 5 6 7 8 9 10 11 12 13 14 15	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI: Q. You've seen that happen?	3 4 5 6 7 8 9 10 11 12 13 14 15	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it. Q. Okay. Here's a section in
4 5 6 7 8 9 10 11 12 13 14 15	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI: Q. You've seen that happen? A. Again, I I don't know. I mean, I it depends upon what level you	3 4 5 6 7 8 9 10 11 12 13 14 15	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it. Q. Okay. Here's a section in here, a paragraph on confounding in the
4 5 6 7 8 9 10 11 12 13 14 15 16	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI: Q. You've seen that happen? A. Again, I I don't know. I mean, I it depends upon what level you are measuring at, is the same. If one	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it. Q. Okay. Here's a section in here, a paragraph on confounding in the case-control studies, on Page 5. Do you see that?
4 5 6 7 8 9 10 11 12 13 14 15 16 17	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI: Q. You've seen that happen? A. Again, I I don't know. I mean, I it depends upon what level you	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it. Q. Okay. Here's a section in here, a paragraph on confounding in the case-control studies, on Page 5. Do you see that? A. Yes, I see that paragraph.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI: Q. You've seen that happen? A. Again, I I don't know. I mean, I it depends upon what level you are measuring at, is the same. If one would say, oh, look, you know, all these have a risk ratio of one because someone	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it. Q. Okay. Here's a section in here, a paragraph on confounding in the case-control studies, on Page 5. Do you see that? A. Yes, I see that paragraph. Q. Okay. Can you read that
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI: Q. You've seen that happen? A. Again, I I don't know. I mean, I it depends upon what level you are measuring at, is the same. If one would say, oh, look, you know, all these have a risk ratio of one because someone rounded 1.2 down to one, 1.1 down to one,	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it. Q. Okay. Here's a section in here, a paragraph on confounding in the case-control studies, on Page 5. Do you see that? A. Yes, I see that paragraph. Q. Okay. Can you read that paragraph? You can read it to yourself.
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	MS. MILLER: Objection. THE WITNESS: The exact same I mean, to how many decimal places? I've seen studies that yeah. BY MR. TISI: Q. Where five studies done in different populations, have the exact same risk ratio. MS. MILLER: Objection. BY MR. TISI: Q. You've seen that happen? A. Again, I I don't know. I mean, I it depends upon what level you are measuring at, is the same. If one would say, oh, look, you know, all these have a risk ratio of one because someone	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. I can't answer that because I need to know many things in order to calculate that. Q. If you go back to Dr. Rothman's Exhibit Number this one, the one that looks like this. MR. SOILEAU: It should be 21. BY MR. TISI: Q. 21. A. Yes, I have it. Q. Okay. Here's a section in here, a paragraph on confounding in the case-control studies, on Page 5. Do you see that? A. Yes, I see that paragraph. Q. Okay. Can you read that paragraph? You can read it to yourself.

129 (Pages 510 to 513)

	Page 514		Page 516
1		1	
2	A. Okay. Okay, sorry. Yes, I	2	get it? THE WITNESS: That would be
3	read that.	3	great. That's the one with the
3 4	Q. Okay. Does he not say that, "Family history, ethnicity, obesity and	4	douching?
5		5	MS. MILLER: Sure. Let's go
6	some reproductive risk factors are	6	off the record, and I'll get it.
7	positively associated with the risk of ovarian cancer"?	7	THE VIDEOGRAPHER: The time
8	A. Yes.	8	is 5:09 p.m. Off the record.
9	Q. He says, even if you combine	9	(Brief pause.)
10	all of those together, they would not	10	THE VIDEOGRAPHER: The time
11	explain increased risk?	11	is 5:11 p.m. Back on the record.
12	A. You know, he states that	12	BY MR. TISI:
13	there, but I would need to see the	13	Q. Okay. So let me turn to
$\frac{13}{14}$	calculation. I don't see any	14	dose-response, which is another area you
15	calculation. So I don't know if that	15	spend a lot of time on. And I'm going to
16	statement is correct or not.	16	spend a fot of time on. That Thi going to spend rest of my time on dose-response,
17	Q. Well, have you done the	17	which is another of Hill's criteria.
18	calculations that would say that how	18	First of all, do you agree
19	big the confounding would have to be in	19	with me that Bradford Hill said himself
20	order to explain the consistent risks	20	that dose-response was not a required
21	seen across all these case-control	21	finding in order to make a causation
22	studies?	22	assessment, correct?
23	MS. MILLER: Objection.	23	A. I believe Bradford Hill
24	THE WITNESS: I have not	24	indicates that none of these are are a
	THE WITHLESS. Thave not		indicates that note of these are
	Page 515		Page 517
1	done that calculation, but I don't	1	requirement to establish causation, and I
2	see a calculation here either.	2	agree with that.
3	BY MR. TISI:	3	Q. Okay. The next the next
4	Q. I'm not asking you. He's	4	statement on page turn to Page 19 of
5	he made his assertion. You're here, I'm	5	your report. On Page 19, you say and
6	getting to ask you questions. You've	6	it's your general discussion of
7	made a big deal about confounding in your	7	dose-response.
8	report. A big deal.	8	Do you see that?
9	I'm asking you, have you	9	A. Under biological
10	made any calculation as to how big the	10	Q. No. Above above
11	confounder would have to be to explain	11	plausible yes, under above
12	what the meta-analysis show as	12	plausibility.
			•
	· · · · · · · · · · · · · · · · · · ·		
			· · · · ·
			•
			not necessary.
24	you want to go off the record and	24	A. I see that I see if
13 14 15 16 17 18 19 20 21 22 23 24	approximately 1.3 risk associated with ovarian cancer and talc? MS. MILLER: Objection. THE WITNESS: Again, I I have not made such a calculation, but can I see is it the Gonzalez study? BY MR. TISI: Q. Did you bring it with you? MS. MILLER: I've got all the studies in the next room. Do you want to go off the record and	13 14 15 16 17 18 19 20 21 22 23 24	A. Oh, so we're on 19. Q. Yes. A. Okay. Q. You talk about biologic gradient. You start out by saying it's not necessary. And the next but the next paragraph is what I'm going to as you about. A. I dent see where I say it's not necessary. Q. Okay.

130 (Pages 514 to 517)

	Raila Ball	maii ,	FII.D.
	Page 518		Page 520
1	dose-response is seen, it's more likely	1	A. I give citations for that.
2	the association is causal.	2	So you're going to have to bear with me.
3	Q. Okay. So let's go to the	3	And I will find
4	next paragraph. It says, "Regardless of	4	So 30 and 31. "Hence,
5	the nature of the dose-response	5	observational studies that yield small to
6	relationship, it needs to be demonstrated	6	modest levels of association require a
7	consistently across available studies.	7	higher level of supporting evidence to
8	Specifically the same type of	8	reach a conclusion of causality than do
9	dose-response relationship needs to be	9	studies with strong levels of
10	exhibited in the different studies. If a	10	association."
11		11	
12	threshold relationship is hypothesized,	12	Q. Okay. So if I look at 30
13	it would require evidence of a threshold	13	and 31, references to those will be in
14	value as well, and the value is similar	14	there?
	across studies.	15	A. That will support that
15	"If only a few studies	l	statement. Mm-hmm.
16	exhibit a dose-response rather than all,	16	Q. Okay. I'll look them up.
17	this criterion" "criterion would not	17	So now let's go let's go
18	be convincingly met."	18	to the next let's go to exhibit
19	I'm going to have that	19	number the exhibit that I just gave
20	marked as Exhibit Number 36 (sic). I	20	you, the pull-out of your report.
21	just pulled that paragraph out.	21	We agreed that, okay
22	(Document marked for	22	where is your statement that
23	identification as Exhibit	23	dose-response needs to be demonstrated
24	Ballman-30.)	24	consistently across the available
	Page 519		Page 521
1	BY MR. TISI:	1	studies?
2	Q. First of all, you would	2	A. Well, I think I'm sort of
3	agree with me would you agree with me	3	explaining what I mean by consistently.
4	that you have not cited a single	4	I mean, if one study out of 40 had a
5	reference for any of those statements?	5	dose-response, that likely is just due to
6	A. I just think it's common	6	the fact of multiple comparisons. So
7	knowledge in terms of the general	7	that would not establish a dose-response.
8	principles of epidemiology for	8	So dose-response is very
9	establishing a dose-response.	9	similar to establishing whether I
10	Q. So where is your I'm	10	mean, consistency is sort of implied in
11	going to hand you Exhibit Number 30. I'm	11	terms of dose-response. You can't have
12	going ask you about the highlighted ones.	12	one study showing a dose-response out of
13		13	
14	Where is your authority	14	many and conclude there is a
15	for in fact, you had indicated that dose-response wasn't even necessary	15	dose-response.
16	<u>.</u>		Q. Okay. Actually I'm
17	according to Bradford Hill, right? You	16 17	actually asking you this.
18	agreed with that?		Regardless of the nature of
	A. Qualified. I would say	18	the dose-response, it needs to be
19	and I state throughout my report, that if	19	demonstrated consistently across the
20	the initial association that's	20	available studies. Where is your support
21	established is weak then it's important	21	for that statement that it needs to be
22	that other criteria be met.	22	consistent across all across available
23	Q. And where is your basis for	23	studies?
24	that?	24	A. So just just common sense

131 (Pages 518 to 521)

	Page 522		Page 524
1	off the top of my head, but I can go	1	nine years .9. Ten to 19 is 1.4.
2	through and try to find references if	2	Greater than 20, it's .9.
3	you'd like.	3	So that's going up and down.
4	But if something is causal,	4	Q. Can I stop and ask you that
5	it would be quite odd that it would only	5	question? Do you know how many people
6	have a dose-response in, say, one out of	6	were in the last category?
7	40 studies. And again, I think I	7	A. No. I have no idea how many
8	explained that in my previous answer.	8	people were in the last category. But
9	Q. The next sentence says,	9	the width of the confidence intervals
10	"Specifically, the same type of	10	there look like it's relatively close to
11	dose-response relationship needs to be	11	perhaps what's in the previous
12	exhibited in the different studies."	12	categories.
13	Could you you have no	13	Q. Okay. Let me ask you
14	citation for that, right?	14	another question here. On the next
15	A. Again, if something is	15	sentence?
16	causal, it would be odd that in one	16	A. Wait I can show you one
17	study, it's a threshold effect, and in	17	where Whittemore, it goes down. It's
18	another study it's a sign effect, and yet	18	1.9, it's 1.6, and greater than ten years
19	in another study it's a decreasing	19	it's 1.1.
20	effect, and in another study it's an	20	Q. Is that is that
21	increasing effect. What would you	21	never/ever? What is that?
22	conclude? How could you conclude it to	22	A. That's duration.
23	be causal?	23	Q. Okay. So wouldn't the best
24	Q. Well, it depends on what you	24	measurement be frequency?
24	Q. Well, it depends on what you	24	measurement be frequency:
	Page 523		Page 525
1	measure, correct? It depends on the	1	MS. MILLER: Objection.
_		_	
2	power of the study. It depends upon a	2	BY MR. TISI:
2 3	power of the study. It depends upon a lot of things, right?		
	lot of things, right?	2	BY MR. TISI: Q. Or total number total
3		2 3	BY MR. TISI:
3 4	lot of things, right? A. Dose-response looks for patterns. I'm not even talking	2 3 4	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my
3 4 5	lot of things, right? A. Dose-response looks for	2 3 4 5	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second
3 4 5 6	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So	2 3 4 5 6	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my
3 4 5 6 7	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance,	2 3 4 5 6 7	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question.
3 4 5 6 7 8	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future.	2 3 4 5 6 7 8	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would.
3 4 5 6 7 8 9	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to	2 3 4 5 6 7 8	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI:
3 4 5 6 7 8 9	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future.	2 3 4 5 6 7 8 9	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI: Q. Wouldn't the total
3 4 5 6 7 8 9 10	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future. I'm talking about looking	2 3 4 5 6 7 8 9 10	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI: Q. Wouldn't the total MS. MILLER: That was the
3 4 5 6 7 8 9 10 11	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future. I'm talking about looking for evidence that supports a	2 3 4 5 6 7 8 9 10 11	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI: Q. Wouldn't the total MS. MILLER: That was the second question.
3 4 5 6 7 8 9 10 11 12	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future. I'm talking about looking for evidence that supports a dose-response. And if you have one study	2 3 4 5 6 7 8 9 10 11 12	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI: Q. Wouldn't the total MS. MILLER: That was the second question. BY MR. TISI:
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3 4 5 6 7 8 9 10 11 12 13 14 15	lot of things, right? A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future. I'm talking about looking for evidence that supports a dose-response. And if you have one study that it shows it's going up and down, another study that it's going down, another study that even if it's not	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI: Q. Wouldn't the total MS. MILLER: That was the second question. BY MR. TISI: Q. Wouldn't MS. MILLER: Those are two
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3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future. I'm talking about looking for evidence that supports a dose-response. And if you have one study that it shows it's going up and down, another study that it's going down, another study that even if it's not statistically significant, that would raise red flags. Q. What study, what study showed that it was going down? Would that be the Huncharek study? A. I can tell you in a minute.	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI: Q. Wouldn't the total MS. MILLER: That was the second question. BY MR. TISI: Q. Wouldn't MS. MILLER: Those are two different things. MR. TISI: I got it. I got it. BY MR. TISI: Q. Wouldn't the total wouldn't the best measure be the total number of applications?
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	A. Dose-response looks for patterns. I'm not even talking statistically significant here. So things that you just mentioned are talking about statistical significance, which you say people are going to abandoned in the future. I'm talking about looking for evidence that supports a dose-response. And if you have one study that it shows it's going up and down, another study that it's going down, another study that even if it's not statistically significant, that would raise red flags. Q. What study, what study showed that it was going down? Would that be the Huncharek study?	2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	BY MR. TISI: Q. Or total number total number of applications? MS. MILLER: I assume my objection applies to the second question. MR. TISI: Yes, it would. BY MR. TISI: Q. Wouldn't the total MS. MILLER: That was the second question. BY MR. TISI: Q. Wouldn't MS. MILLER: Those are two different things. MR. TISI: I got it. I got it. BY MR. TISI: Q. Wouldn't the total wouldn't the best measure be the total number of applications?

132 (Pages 522 to 525)

		I	
	Page 526		Page 528
1	valid instrument as to how to best	1	if you do five studies would you expect
2	measure talc exposure. So having no	2	the same relative risk.
3	valid instrument in the first place, I	3	And, you know, these all
4	don't think one can say what's the best	4	could be sort of the same underlying
5	measure for a dose-response. If	5	relative risk and just come up with the
6	something is truly causal and you are	6	variations, because the numbers don't
7	measuring increasing dose with some	7	differ that much. So it's sort of a flat
8	metric that has increasing, so duration	8	relationship.
9	would be increasing, that, you know, the	9	Q. This is this is a
10	longer you use, the more likely you would	10	meta-analysis, isn't it? This is looking
11	get ovarian cancer.	11	at all studies together?
12	Frequency would be also a	12	A. Yeah, I don't know if that
13	measure of dose-response because using it	13	makes it any stronger or not because,
14	once a week is, you know, much less than	14	again, there's no valid measure that was
15	using it every day. And so they are all	15	used. So combining a bunch of studies
16	some measures of dose-response.	16	that use a bunch of different measures
17	So if there's a true causal	17	together and no valid measure of talc
18	relationship, one would expect seeing	18	exposure in general, and then no, you
19	consistent sort of dose-responses across	19	know, valid measure as to what the total
20	any of those measures.	20	applications were or consistent
21	Q. And the Terry study did show	21	standardized measure, you know, it's hard
22	that, didn't it, when you combine	22	to interpret
23	frequency and duration, correct?	23	Q. And Penninkilampi
24	A. Well, that it it looks	24	A the pooled
	The Work that It 1000kb		The une pooled
	Page 527		Page 529
1	Page 527 like do we have the Terry study?	1	Page 529 Q. I'm sorry. I didn't mean to
2		2	
	like do we have the Terry study?		Q. I'm sorry. I didn't mean to
2	like do we have the Terry study? Q. I'm just asking you have	2	Q. I'm sorry. I didn't mean to interrupt you.
2	like do we have the Terry study? Q. I'm just asking you have the results in your in your Table 3.	2 3	Q. I'm sorry. I didn't mean to interrupt you. A. Sorry. It's just hard to
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	Page 530		Page 532
1	Schildkraut shows less than 3,600, had a	1	
2		2	this criterion more important.
3	1.16, and at greater than 3,600 had a 1.67, to a P-value of .01.	3	And you say that those two there's no citation here. But you
4		4	
	A. That's not really that's		gave me the citation to that concept
5	not really a test for dose-response	5	earlier, right?
6	because there's only two levels. So it's	6	A. I did.
7	sort of like just comparing two levels to	7	Q. Okay. The next paragraph
8	each other. You don't know for certain.	8	says, "To establish a dose-response
9	Q. So so let me go back to	9	relationship, the necessary evidence is
10	your statement. It says Exhibit	10	increasing risk with increasing dose,
11	Number exhibit right there, what	11	statistical significance, and
12	number what exhibit?	12	consistency. Consistency in this context
13	A. 30.	13	includes repeated demonstration of the
14	Q. Exhibit 30. Last sentence	14	result across different studies,
15	says, "If only a few studies exhibit	15	including different study designs and
16	dose-response rather than all, the	16	different measures of dose."
17	criterion would not be convincingly met."	17	Do you see that?
18	First of all, you have no	18	A. Mm-hmm.
19	citation for that either, do you?	19	Q. And I have that pulled out
20	MS. MILLER: Objection.	20	here as well as Exhibit Number
21	THE WITNESS: Other than	21	(Document marked for
22	what we discussed before, because	22	identification as Exhibit
23	if there's true causality, it	23	Ballman-31.)
24	would be quite odd that only,	24	BY MR. TISI:
	Page 531		Page 533
1	Page 531 like, two studies show any sort of	1	Page 533 Q. As with the prior statement,
2		1 2	
2 3	like, two studies show any sort of		Q. As with the prior statement,
2	like, two studies show any sort of dose-response relationship and the	2	Q. As with the prior statement, you don't have a single citation for that
2	like, two studies show any sort of dose-response relationship and the rest do not.	2 3	Q. As with the prior statement, you don't have a single citation for that do you?
2 3 4	like, two studies show any sort of dose-response relationship and the rest do not. And you know, we can do the	2 3 4	Q. As with the prior statement, you don't have a single citation for that do you? A. I think we discussed all
2 3 4 5	like, two studies show any sort of dose-response relationship and the rest do not. And you know, we can do the counting exercise and go through	2 3 4 5	Q. As with the prior statement, you don't have a single citation for that do you? A. I think we discussed all this before in Exhibit 30 about why
2 3 4 5 6	like, two studies show any sort of dose-response relationship and the rest do not. And you know, we can do the counting exercise and go through and see of all these, these	2 3 4 5 6	Q. As with the prior statement, you don't have a single citation for that do you? A. I think we discussed all this before in Exhibit 30 about why consistency is important. And why the same type of dose-response needs to be
2 3 4 5 6 7	like, two studies show any sort of dose-response relationship and the rest do not. And you know, we can do the counting exercise and go through and see of all these, these different measures of dose-response, how many of them	2 3 4 5 6 7	Q. As with the prior statement, you don't have a single citation for that do you? A. I think we discussed all this before in Exhibit 30 about why consistency is important. And why the
2 3 4 5 6 7 8	like, two studies show any sort of dose-response relationship and the rest do not. And you know, we can do the counting exercise and go through and see of all these, these different measures of dose-response, how many of them actually are potentially. And I	2 3 4 5 6 7 8	Q. As with the prior statement, you don't have a single citation for that do you? A. I think we discussed all this before in Exhibit 30 about why consistency is important. And why the same type of dose-response needs to be important. I think I Q. But you didn't cite it
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Page 534 Page 536 1 1 even know if there's any valid measure of Q. -- Exhibit Number 30, and 2 Exhibit Number 31. They're both the same 2 3 statement about consistency, and you 3 Q. But you would agree with me 4 don't have a citation for either one of 4 that both of these are peer-reviewed 5 those? 5 studies, and when you looked at the total 6 6 number of applications, which is a A. And I explained why there is 7 7 no citation is, again, that if there is a measure of dose, we saw an increased causal relationship that is in fact true, 8 8 risk. Whether you think it's the right 9 9 one would expect to see the same type of inference or not is fine, but you agree 10 relationship because if it goes up in one 10 with that -- that that's what they 11 study, down in another, up and down, or showed, both Penninkilampi and Terry. 11 12 And that's on Page 34 of your report. 12 stays flat, it's hard to understand how 13 13 something that truly has a causal effect A. I don't think I said that. 14 would come up with these different sort 14 I think I said Penninkilampi, you can't 15 15 of dose-responses. even infer dose-response because there's 16 And again, consistency is, 16 only two doses. It's only two lines. So 17 17 you can't -- I mean, only like -- you again, that you don't have these 18 different patterns going on in the data. 18 know, dichotomous things. 19 Q. But you have no citation for 19 So one can't really infer a 20 that whatsoever, and the meta-analyses 20 dose-response, and it's not even clear 2.1 that were done, the two of them that that those two numbers in reality differ 21 22 looked at it, whether it be Terry -- or 22 from each other because we had this 23 you pointed out. I'm blanking on the 23 discussion about, you know, point 24 other one. Both showed evident of a 24 estimates, you know, not having -- that Page 535 Page 537 1 1 dose-response -- Terry and they don't have to be the same, and if 2 Penninkilampi -- that looked at total 2 they are pretty close to each other, who 3 number of -- those are the only two that 3 knows. 4 4 looked at the total number of So that's the same with the 5 applications, and they both showed 5 Terry study too. So I do not agree. 6 increasing dose -- increasing risk with 6 Q. Okay. But different -- you 7 7 increasing number of applications, true? know that in those studies, that both of 8 A. That is -- again, there's no 8 them, they noted an evidence of 9 evidence that that's the right metric 9 dose-response, correct? 10 10 because there's no validated instrument MS. MILLER: Objection. THE WITNESS: I would have 11 for measuring talc in the first place. 11 12 12 And so it's sort of cherry-picking to to see the studies and see exactly 13 say, oh, okay, that one shows it but a 13 how they stated their conclusions. 14 14 Can you -measure of frequency doesn't show it, a 15 measure of duration doesn't show it, even 15 BY MR. TISI: 16 within the same studies. 16 Q. I'm just -- I'm just asking 17 17 And so I think most you, do you recall that that was the 18 reasonable people would say, if there 18 case? 19 19 really is a dose-response, why does it A. Off the -have to be sort of the total lifetime 20 20 MS. MILLER: Objection. 21 21 MR. LOCKE: Objection. applications, but I'm not seeing it in 22 the total of years, which goes into that 22 BY MR. TISI: 23 calculation, nor the frequency, which 23 O. I'm asking you, do you 24 goes into that calculation. And I don't 24 recall or not? If you don't recall,

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1	Page 538		Page 540
	that's fine.	1	BY MR. TISI:
2		2	
3	A. Off the top of my head, I do not recall.	3	Q. In any of the studies.
			A. Well, I know it looks like
4	Q. Okay. I want to ask you a	4	Terry did a test for trend that does not
5	couple questions about meta-analysis and	5	include the never/none category. And
6	kind of move on from there.	6	it's P-value is .17. So and that is a
7	First of all, not all	7	flat relationship.
8	dose-responses are monotonic, are they?	8	Checking to see.
9	MS. MILLER: Objection.	9	So Cramer 1999 did the
10	THE WITNESS: I believe	10	correct test. He did a trend test. And
11	there can be different type of	11	his P-value of .48 and .16, that's a
12	dose-responses.	12	trend test that does not include the
13	BY MR. TISI:	13	never category.
14	Q. Okay. Have you considered	14	Q. Right, but when he looked at
15	that?	15	the total number of applications, you saw
16	A. In what sense?	16	an increase that went from 1.1 to 1.38,
17	Q. Have you considered it at	17	went down to 1.36, and up to 1.49.
18	all?	18	A. I think we're talking about
19	MS. MILLER: Objection.	19	the different Cramer. Sorry.
20	THE WITNESS: I think I	20	
		1	Q. Cramer 2016?
21	just in I mean, in what sense?	21	A. No. I was looking I said
22	BY MR. TISI:	22	Cramer 1999. I'm sorry.
23	Q. In connection with	23	Q. I'm looking
24	dose-response?	24	A. I misspoke that.
	Page 539		Page 541
1	A. Well, in cancer it would be	1	You asked me which ones did
2	very rare in a non-monotonic, one	2	the correct trend test. And I'm saying
3	would be that the higher the dose, the	3	Cramer 1999.
4	less the risk. It could be concave. I	4	
		1	Q. What about Cramer 2016?
5	mean, that would be quite	5	MS. MILLER: You didn't
6	Q. Could it	6	misspeak. You said 1999.
7	A bizarre different from	7	BY MR. TISI:
8	any other cancers I've seen.	8	Q. What about Cramer 2016?
9	Q. Have you ever heard	9	A. That one does that test
10	depletion of the susceptibles?	10	for trend includes the never versus none
11	A. No, I have not.	11	category.
12	Q. Okay. That as people die,	12	Q. All right. Okay. Let me
13	they're not going to be showing a	13	ask you a couple questions about about
14	anyway. I'll move on.	14	meta-analyses.
15	What about a trend test	15	We've been talking about the
16	when when the trend test was used in	16	individual studies. Is it your view
17	non-users, did they show a dose-response?	17	that you know, you mentioned several
18	MS. MILLER: Objection.	18	times.
19	BY MR. TISI:	19	MR. TISI: I'm sorry. I'm
	Q. When a trend test was used,	20	sorry. You reached over. You
	-	21	
20	did it show a dose-response?		reached over that time.
21	MC MILLED WILL 1 O		
21 22	MS. MILLER: Well, where?	22	MS. MILLER: I'm moving
21	MS. MILLER: Well, where? THE WITNESS: Trend test used where, meaning what?	22 23 24	MS. MILLER: I'm moving back. MR. TISI: You reached over

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	Page 542		Page 544
1	that time.	1	not.
2	MS. MILLER: I'm so sorry.	2	Looking at the cohort
3	MR. TISI: And you kicked	3	studies, none of them found a
4	me.	4	statistically significant
5	MS. MILLER: I'm so sorry.	5	association.
6	MR. TISI: And I don't take	6	And the magnitude of the
7	it personally.	7	risk ratios for these groups of
8	MS. SHARKO: Can I do that	8	studies also vary.
9	too.	9	BY MR. TISI:
10	MS. MILLER: I had to	10	Q. Would you agree with me that
11	stretch my legs. It's been a very	11	it is wrong to simply count the number
12	long day. I can only stretch that	12	of count the number of studies and
13	far.	13	kind of do it like a democracy. There
14	BY MR. TISI:	14	are a certain number of studies that say
15	Q. Doctor, you mentioned	15	X that's not statistically significant.
16	several times that a certain number of	16	Certain number that say Y, they are, and
17	case-control studies found a	17	the non-statistical numbers win?
18	statistically significant result, and a	18	A. It depends.
19	certain found didn't. And then a	19	Q. Okay. Do you ever do that?
20	certain number of case cohort studies	20	A. It depends. I mean, again,
21	did not find a statistically significant	21	I it depends upon many things.
22	result.	22	You know, if I have, like,
23	Do you remember that kind of	23	you know, randomized controlled trials,
24	general testimony?	24	you know, and, you know, all of them show
	Page 543		Page 545
1	MS. MILLER: Objection.	1	an effect, and then or none of them show
2	BY MR. TISI:	2	an effect, let's say. So I have
3	Q. Yeah, I mean. Yes?	3	randomized control trials
4	A. What's your question?	4	Q. But that's not what we're
5	Q. My question is do you	5	talking about. We're not talking about
6	remember that testimony. I'm kind of	6	randomized controlled.
7	referring you. Remember you listed,	7	Let's just talk about, for
8	well, you know, you kind of looked at	8	example, in the case-control studies.
9	them together. And some were	9	 A. You asked me if there are
10	statistically significant, some weren't.	10	any situations, and I was trying to
11	Some were in case-control, some were in	11	answer that.
	-1	1 1 2	And walra not talking about
12	cohort. Do you remember that testimony?	12	Q. And we're not talking about
13	MS. MILLER: Objection.	13	that. And I apologize, because we're
13 14	MS. MILLER: Objection. MR. TISI: You can object.	13 14	that. And I apologize, because we're talking about in the context of this
13 14 15	MS. MILLER: Objection.	13 14 15	that. And I apologize, because we're
13 14	MS. MILLER: Objection. MR. TISI: You can object.	13 14 15 16	that. And I apologize, because we're talking about in the context of this
13 14 15 16 17	MS. MILLER: Objection. MR. TISI: You can object. THE WITNESS: So what I what I I recall sort of when looking at the evidence in	13 14 15 16 17	that. And I apologize, because we're talking about in the context of this case. There are no randomized control
13 14 15 16 17 18	MS. MILLER: Objection. MR. TISI: You can object. THE WITNESS: So what I what I I recall sort of when	13 14 15 16 17 18	that. And I apologize, because we're talking about in the context of this case. There are no randomized control trials because it would be unethical to
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	5.46		5.40
	Page 546		Page 548
1	Q. They could not be done here	1	done, and the intent for
2	because you can't test somebody	2	meta-analyses is that the
3	assuming you can even design such a	3	randomized controlled trials, back
4	study, you couldn't with the	4	when trials were starting to
5	hypothesis being, let's expose people to	5	become popular, were too small on
6	something and see whether it causes	6	their own to have statistical
7	cancer?	7	significance.
8	MS. MILLER: Objection.	8	So the idea was there were
9	BY MR. TISI:	9	several trials done in the same
10	Q. It would be unethical to do	10	disease, essentially, of the same
11	that, right?	11	treatments, and so to get the
12	A. Yeah. I mean, just in	12	necessary power in order to make a
13	general, one would not do a clinical	13	definitive statement,
14	trial and say, okay, we're going to	14	meta-analyses were used.
15	expose people to something that there's	15	MR. TISI: Okay.
16	evidence for that it's harmful, but I	16	(Document marked for
17	don't know if it applies in this case.	17	identification as Exhibit
18	It's been purported that the	18	Ballman-32.)
19	use of talc is harmful. But I don't know	19	BY MR. TISI:
20	if there is	20	Q. Let me show you a textbook,
21	Q. Would you ever participate	21	a chapter of a textbook called
22	in a study that would test the hypothesis	22	"Introduction to Meta-Analyses" by
23	that tale would cause ovarian cancer?	23	Borenstein. Is that something that
24	MS. MILLER: Objection.	24	you've ever seen before?
2.1	wis. willer. Objection.		you've ever seen before:
	Page 547		Page 549
1	BY MR. TISI:	1	A. I haven't seen this
2	Q. A clinical trial?	2	particular textbook.
3	MC MILED OI!		
	MS. MILLER: Objection.	3	Q. I'm marking it as Exhibit
4	MS. MILLER: Objection. THE WITNESS: Again, I don't	3 4	•
	THE WITNESS: Again, I don't		Q. I'm marking it as Exhibit
4		4	Q. I'm marking it as Exhibit Number 32? And I pulled out
4 5	THE WITNESS: Again, I don't think people would do such a	4 5	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox
4 5 6	THE WITNESS: Again, I don't think people would do such a clinical trial BY MR. TISI:	4 5 6	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox on cardboard? MR. TISI: I know. The
4 5 6 7	THE WITNESS: Again, I don't think people would do such a clinical trial	4 5 6 7	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox on cardboard?
4 5 6 7 8	THE WITNESS: Again, I don't think people would do such a clinical trial BY MR. TISI: Q. And you wouldn't A with that question.	4 5 6 7 8	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox on cardboard? MR. TISI: I know. The machine, it was weird. It was the
4 5 6 7 8 9	THE WITNESS: Ågain, I don't think people would do such a clinical trial BY MR. TISI: Q. And you wouldn't A with that question. I mean, I would participate	4 5 6 7 8 9	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox on cardboard? MR. TISI: I know. The machine, it was weird. It was the FedEx office.
4 5 6 7 8 9 10	THE WITNESS: Again, I don't think people would do such a clinical trial BY MR. TISI: Q. And you wouldn't A with that question. I mean, I would participate in one if it says talc would prevent sort	4 5 6 7 8 9	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox on cardboard? MR. TISI: I know. The machine, it was weird. It was the FedEx office. BY MR. TISI: Q. Chapter 28 is called "Vote
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4 5 6 7 8 9 10 11 12	THE WITNESS: Again, I don't think people would do such a clinical trial BY MR. TISI: Q. And you wouldn't A with that question. I mean, I would participate in one if it says talc would prevent sort of this from happening because I would see a benefit. I wouldn't participate in	4 5 6 7 8 9 10 11	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox on cardboard? MR. TISI: I know. The machine, it was weird. It was the FedEx office. BY MR. TISI: Q. Chapter 28 is called "Vote Counting, a New Name For an Old Problem." Do you see that?
4 5 6 7 8 9 10 11 12 13	THE WITNESS: Again, I don't think people would do such a clinical trial BY MR. TISI: Q. And you wouldn't A with that question. I mean, I would participate in one if it says talc would prevent sort of this from happening because I would see a benefit. I wouldn't participate in a trial where there's no benefit being	4 5 6 7 8 9 10 11 12	Q. I'm marking it as Exhibit Number 32? And I pulled out MS. MILLER: Is this Xerox on cardboard? MR. TISI: I know. The machine, it was weird. It was the FedEx office. BY MR. TISI: Q. Chapter 28 is called "Vote Counting, a New Name For an Old Problem." Do you see that? A. I'm sorry. What page are we
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	Page 550		Page 552
1	don't is not a good scientific	1	studies being combined again, as I
2	methodology, correct?	2	mentioned the intent of a meta-analyses
3	A. Again, it depends.	3	was for randomized clinical trials. And
4	Q. Well, at the very end of in	4	it was to combine small, underpowered
5	statement and I guess that was a	5	studies together in order to get
6	pretty non-controversial thing, at least	6	sufficient power.
7	I thought it was. At the very end,	7	Q. Do you agree that it is
8	there's a box that says "Summary Points"	8	appropriate to use meta-analysis to
9	on Page 255.	9	combine observational studies, even
10	I'm going to ask you if this	10	observational studies of different
11	is true. "Vote counting" and by vote	11	design?
12	counting, I mean counting the number of	12	A. No. I think it is incorrect
13	positive and negative studies. "Vote	13	to do a meta-analyses to combine
14	counting is the process of counting the	14	observational studies, especially
15	number of studies that are not (sic)	15	observational studies of different
16	statistically significant and comparing	16	designs.
17	those with the number that are not	17	Q. Yet in the talc area, you
18	statistically significant."	18	know of at least four, five or six
19	Do you see that?	19	meta-analyses that have been done that
20	A. Yes, I see what you read.	20	have done exactly that, that have passed
21	Q. And it says, "Vote counting	21	peer review, correct?
22	treats a nonsignificant P-value as	22	A. Yeah, and I hope ASA comes
23	evidence that an effect is absent. In	23	out with a statement on that, because the
24	fact, though small, moderate, and even	24	intent of meta-analyses was not to
	ract, though shair, moderate, and even		ment of meta-analyses was not to
	Page 551		Page 553
1	large effects may yield nonsignificant	1	combine observational studies. And
2	P-values due to inadequate statistical	2	
3			that's why in the meta-analyses, in that
	power. Therefore, vote counting is never		that's why in the meta-analyses, in that chart of increasing evidence that I
	power. Therefore, vote counting is never a valid approach."	3	chart of increasing evidence that I
4	a valid approach."	3 4	chart of increasing evidence that I I we had discussed previously in my
4 5	a valid approach." A. Yes, I see that that	3 4 5	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are
4	a valid approach." A. Yes, I see that that stated there.	3 4	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are meta-analyses of randomized trials. I've
4 5 6	a valid approach." A. Yes, I see that that stated there. Q. Do you agree that vote	3 4 5 6	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are meta-analyses of randomized trials. I've never seen any pyramid of evidence of
4 5 6 7 8	a valid approach." A. Yes, I see that that stated there. Q. Do you agree that vote counting in other words, counting the	3 4 5 6 7 8	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are meta-analyses of randomized trials. I've never seen any pyramid of evidence of that that puts in meta-analyses of
4 5 6 7 8 9	a valid approach." A. Yes, I see that that stated there. Q. Do you agree that vote counting in other words, counting the number of studies that are not	3 4 5 6 7 8 9	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are meta-analyses of randomized trials. I've never seen any pyramid of evidence of that that puts in meta-analyses of observational studies anywhere in that
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4 5 6 7 8 9 10	a valid approach." A. Yes, I see that that stated there. Q. Do you agree that vote counting in other words, counting the number of studies that are not statistically significant and comparing them with the numbers that are, is never	3 4 5 6 7 8 9 10	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are meta-analyses of randomized trials. I've never seen any pyramid of evidence of that that puts in meta-analyses of observational studies anywhere in that pyramid because it's unknown. Q. But I'm let me just get
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4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	a valid approach." A. Yes, I see that that stated there. Q. Do you agree that vote counting in other words, counting the number of studies that are not statistically significant and comparing them with the numbers that are, is never a valid approach? A. Again, I said it depends. So if all the studies were of the same sample size done in the same population using the same treatment, and all of them were adequately powered, and, like, two only found a statistically significant result, and the rest did not, I think that's evidence right there that there really is no effect. Q. And that that's why we do	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are meta-analyses of randomized trials. I've never seen any pyramid of evidence of that that puts in meta-analyses of observational studies anywhere in that pyramid because it's unknown. Q. But I'm let me just get it down. There are six meta-analyses in this in this litigation, five which have been published, one of which is being submitted to peer review, right, the Taher study. A. Yes, correct. Q. And there's there's six altogether, five of which are published A. Oh, wait? Six altogether. No, I'm sorry. Go through the numbers
4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	a valid approach." A. Yes, I see that that stated there. Q. Do you agree that vote counting in other words, counting the number of studies that are not statistically significant and comparing them with the numbers that are, is never a valid approach? A. Again, I said it depends. So if all the studies were of the same sample size done in the same population using the same treatment, and all of them were adequately powered, and, like, two only found a statistically significant result, and the rest did not, I think that's evidence right there that there really is no effect.	3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	chart of increasing evidence that I I we had discussed previously in my report, the meta-analyses at the top are meta-analyses of randomized trials. I've never seen any pyramid of evidence of that that puts in meta-analyses of observational studies anywhere in that pyramid because it's unknown. Q. But I'm let me just get it down. There are six meta-analyses in this in this litigation, five which have been published, one of which is being submitted to peer review, right, the Taher study. A. Yes, correct. Q. And there's there's six altogether, five of which are published A. Oh, wait? Six altogether.

	Page 554		Page 556
1	A. And okay.	1	meta-analyses of observational
2	Q. Fine. Whatever the number	2	data.
3	happens to be, it happens to be. I'm	3	BY MR. TISI:
4	doing it off the top of my head.	4	Q. Okay. And you think it
5	Are you saying that because	5	would be inappropriate to rely on that
6	all of those studies combined	6	data for consideration in the of the
7	observational studies let's just deal	7	Bradford Hill criteria for causation in
8	with that issue that that was	8	talc and ovarian cancer?
9	unscientific, and they should not have	9	MS. MILLER: Objection.
10	passed peer review?	10	THE WITNESS: As I said,
11	A. I am saying that they're	11	meta-analyses are good for
12	good for hypothesis generating, and	12	hypothesis generating, but they
13	that's about it. They are not good for	13	are not sufficient evidence to
14	making definitive statements with respect	14	to make a definitive statement
15	to things such as causality or whether	15	about causation.
16	there truly is an association.	16	BY MR. TISI:
17	Q. Do you think that those	17	Q. I didn't ask about
18	should have passed peer review. If you	18	definitive statements. I'm asking, are
19	were peer reviewers on any of the	19	they even appropriate to consider in a
20	meta-analyses that are in this case,	20	Bradford Hill analysis, or is that a
21	would you have given a green light to	21	methodologic flaw if anybody were to
22	allow those to be published?	22	consider a meta-analysis in the context
23	MS. MILLER: Objection.	23	of doing a Bradford Hill test or analysis
24	THE WITNESS: Again, they	24	for ovarian cancer and talc?
	,		
	Page 555		Page 557
1	are good for hypothesis	1	MS. MILLER: Objection.
2	generating. And I didn't say that	2	THE WITNESS: As I I do
3	hypothesis generating is not	3	cite one of the articles here that
4	not good or is not I'm	4	says I don't within Bradford
5	getting tired. I'm searching for	5	Hill, it says look at the totality
6	words here.	6	of the data. But it's more
7	I did not say that	7	important to look at the
8	hypothesis generating should not	8	individual studies and see what
9	be published.	9	the conclusion comes from there,
10	BY MR. TISI:	10	rather than a meta-analyses.
11	Q. You would agree with me that	11	So I'm not sure how a
12	people disagree with you on the value of	12	meta-analyses sort of plays into
13	meta-analyses, correct?	13	the Bradford Hill except coming up
14	MS. MILLER: Objection.	14	with some summary values.
15	THE WITNESS: Well, I I	15	BY MR. TISI:
16	don't know. All I know is JCO,	16	Q. But you do know that most
17	the journal I'm deputy editor for,	17	people looking at this question have
18	which has quite a high impact	18	looked at at the meta-analyses,
19	factor, we would never, ever	19	correct, in connection I mean, Health
20	publish a meta-analyses well, I	20	Canada did, correct? Are they wrong for
21	shouldn't say that. That's too	21	having done so?
22	strong.	22	MS. MILLER: Objection.
23		23	
24	we ever would publish a	24	that. I mean, I said even I've
	It would be very rare that		THE WITNESS: I didn't say

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	Page 558		Page 560
1	looked at the meta-analyses	1	MS. MILLER: Objection.
2	because that's the totality of the	2	THE WITNESS: And I said
3	data, to see if there's any sort	3	that when one is doing a proper
4	of additional information that it	4	sort of causal analyses that's
5	brings forward.	5	based upon, you know, established
6	BY MR. TISI:	6	epidemiology principles, one looks
7	Q. But do you remember the	7	at all studies, including
8	statement and I pulled it out there.	8	meta-analyses.
9	I think it was Exhibit Number 5. That	9	BY MR. TISI:
10	statement says that they found a	10	Q. Are they wrong for having
11	consistent result across meta-analyses	11	relied on them? Having looked at them,
12	and additional evidence is consistent	12	can they rely on them?
13	with causation.	13	MS. MILLER: Objection.
14	MS. MILLER: Who is "they"?	14	THE WITNESS: I'm not sure
15	MR. TISI: Health Canada.	15	if they relied on them from this
16	THE WITNESS: I'm trying to	16	statement here. I can't tell that
17	find Exhibit 5.	17	they relied just on meta-analyses
18	MR. LOCKE: Can I ask for a	18	or not.
19	time check?	19	BY MR. TISI:
20	MR. TISI: We've got about	20	Q. What is the journal JCO?
21	four minutes.	21	A. The Journal of Clinical
22		22	Oncology.
23	THE WITNESS: I'm looking	23	
24	for Exhibit 5. Do you have it	24	Q. One final question. You
24	handy? Oh, I got it. I got it.	24	made a comment in the Taher study that
	Page 559		Page 561
1	I got it. Okay.	1	they indicated that they thought it was a
2	BY MR. TISI:	2	possible association. And you said that
3	Q. Were they wrong were	3	you thought that as a peer reviewer, they
4	Health Canada wrong in Exhibit 5 for	4	would take that out?
5	relying on that?	5	A. No. They said a possible
6	A. So I think I said that	6	causal
7	meta-analyses, it's not surprising that	7	Q. Causal association.
8	they are consistent because they are	8	A association.
9	analyzing the same set of data, and so	9	Q. And you would take you
1.0	one would expect	10	
10		1 10	mought that that was something that
		11	thought that that was something that would be taken out by peer reviewers,
10 11 12	Q. I didn't ask you that. I		would be taken out by peer reviewers, correct?
11 12	Q. I didn't ask you that. I didn't ask you about consistency. I'm	11	would be taken out by peer reviewers, correct?
11 12 13	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even	11 12 13	would be taken out by peer reviewers, correct? A. Of of high quality
11 12 13 14	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them?	11 12 13 14	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes.
11 12 13 14 15	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different	11 12 13 14 15	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure
11 12 13 14 15	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question	11 12 13 14 15 16	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right?
11 12 13 14 15 16 17	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question Q. It is a different question.	11 12 13 14 15 16 17	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right? A. No, I do not believe so.
11 12 13 14 15 16 17	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question Q. It is a different question. A than what you just asked	11 12 13 14 15 16 17	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right? A. No, I do not believe so. Through all my experience in the numerous
11 12 13 14 15 16 17 18	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question Q. It is a different question. A than what you just asked me there.	11 12 13 14 15 16 17 18	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right? A. No, I do not believe so. Through all my experience in the numerous papers that I've reviewed and both for
11 12 13 14 15 16 17 18 19 20	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question Q. It is a different question. A than what you just asked me there. Q. I'm asking you, are they	11 12 13 14 15 16 17 18 19 20	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right? A. No, I do not believe so. Through all my experience in the numerous papers that I've reviewed and both for JCO and as a reviewer of other things,
11 12 13 14 15 16 17 18 19 20 21	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question Q. It is a different question. A than what you just asked me there. Q. I'm asking you, are they wrong for having considered them in the	11 12 13 14 15 16 17 18 19 20 21	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right? A. No, I do not believe so. Through all my experience in the numerous papers that I've reviewed and both for JCO and as a reviewer of other things, that's pushing the data, because one
11 12 13 14 15 16 17 18 19 20 21 22	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question Q. It is a different question. A than what you just asked me there. Q. I'm asking you, are they wrong for having considered them in the context of looking at the causal	11 12 13 14 15 16 17 18 19 20 21 22	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right? A. No, I do not believe so. Through all my experience in the numerous papers that I've reviewed and both for JCO and as a reviewer of other things, that's pushing the data, because one assumes no causal relationship, and you
11 12 13 14 15 16 17 18 19 20 21	Q. I didn't ask you that. I didn't ask you about consistency. I'm asking were they wrong for even considering them? A. But that's a different question Q. It is a different question. A than what you just asked me there. Q. I'm asking you, are they wrong for having considered them in the	11 12 13 14 15 16 17 18 19 20 21	would be taken out by peer reviewers, correct? A. Of of high quality journals, yes. Q. And you but that's pure speculation on your part, right? A. No, I do not believe so. Through all my experience in the numerous papers that I've reviewed and both for JCO and as a reviewer of other things, that's pushing the data, because one

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	Page 562		Page 564
1	Q. Would it surprise you to	1	minute.
2	know that we have meta-analyses in JCO,	2	MR. TISI: I'm totally okay.
3	correct? Would that surprise you? You	3	I'll give you I'll give you my
4	mentioned that you've never published	4	minute.
5	meta-analyses or rarely. Would that	5	Thank you very much. I have
6	surprise you?	6	no further questions.
7	A. There are meta-analyses	7	MS. MILLER: I just have a
8	MS. MILLER: Objection. She	8	few questions for you, Dr.
9	said meta-analyses objection.	9	Ballman.
10	THE WITNESS: There are	10	
11	meta-analyses in JCO of randomized	11	EXAMINATION
12	clinical trials. And in fact, one	12	
13	of the studies you showed me today	13	BY MS. MILLER:
14	was a meta-analysis. It was a	14	Q. Can you please turn back to
15	pooled analysis, of individual	15	Exhibit Number 25.
16	patient-level data.	16	MR. TISI: Which is what?
17	BY MR. TISI:	17	THE WITNESS: The National
18	Q. Okay. So is it your	18	Cancer Institute one. This one?
19		19	BY MS. MILLER:
20	statement that JCO would not publish a	20	
21	meta-analyses meta-analysis of	21	Q. Can you tell me what the
22	observational data?	22	title of that exhibit is?
	MS. MILLER: Objection.		A. The title is "Ovarian,
23	Misstates	23	Fallopian Tube, and Primary Peritoneal
24	THE WITNESS: I said it	24	Cancer" I don't know if there's
	Page 563		Page 565
1	was	1	anything under the sticker
2	MS. MILLER:	2	"Prevention, Health Professional
3	Mischaracterizes her testimony.	_	
		3	Version."
4	Please let me finish my	3 4	
	Please let me finish my objection, even though you're	4	Version." Q. And what is this document?
5	objection, even though you're	1	Version." Q. And what is this document? A. It's a document that was
	objection, even though you're eager to talk.	4 5 6	Version." Q. And what is this document? A. It's a document that was published by the National Cancer
5 6	objection, even though you're eager to talk. BY MR. TISI:	4 5	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at
5 6 7 8	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question.	4 5 6 7 8	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established
5 6 7 8 9	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it	4 5 6 7 8 9	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I
5 6 7 8 9 10	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had	4 5 6 7 8 9	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell.
5 6 7 8 9 10 11	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said,	4 5 6 7 8 9 10 11	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11.
5 6 7 8 9 10 11	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely	4 5 6 7 8 9 10 11 12	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there.
5 6 7 8 9 10 11 12	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen.	4 5 6 7 8 9 10 11 12 13	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading
5 6 7 8 9 10 11 12 13	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would	4 5 6 7 8 9 10 11 12 13	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"?
5 6 7 8 9 10 11 12 13 14	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been	4 5 6 7 8 9 10 11 12 13 14 15	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal
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5 6 7 8 9 10 11 12 13 14 15 16	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been observational meta-analyses in JCO? A. I have no idea if there have	4 5 6 7 8 9 10 11 12 13 14 15 16	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal Talc Exposure." Yes. Q. Can you please read the
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5 6 7 8 9 10 11 12 13 14 15 16 17 18	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been observational meta-analyses in JCO? A. I have no idea if there have been or not. I cannot say that off the top of my head.	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal Talc Exposure." Yes. Q. Can you please read the sentence under that? A. "The weight"
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been observational meta-analyses in JCO? A. I have no idea if there have been or not. I cannot say that off the top of my head. MR. TISI: I don't think I	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal Talc Exposure." Yes. Q. Can you please read the sentence under that? A. "The weight" Q. You did a lot of reading
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been observational meta-analyses in JCO? A. I have no idea if there have been or not. I cannot say that off the top of my head. MR. TISI: I don't think I have any questions. I think I'm	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal Talc Exposure." Yes. Q. Can you please read the sentence under that? A. "The weight" Q. You did a lot of reading today. I thought we should you read,
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been observational meta-analyses in JCO? A. I have no idea if there have been or not. I cannot say that off the top of my head. MR. TISI: I don't think I have any questions. I think I'm down to the	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal Talc Exposure." Yes. Q. Can you please read the sentence under that? A. "The weight" Q. You did a lot of reading today. I thought we should you read, too.
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been observational meta-analyses in JCO? A. I have no idea if there have been or not. I cannot say that off the top of my head. MR. TISI: I don't think I have any questions. I think I'm down to the MS. MILLER: You have one	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal Talc Exposure." Yes. Q. Can you please read the sentence under that? A. "The weight" Q. You did a lot of reading today. I thought we should you read, too. A. "The weight of evidence does
5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	objection, even though you're eager to talk. BY MR. TISI: Q. You can answer the question. A. Okay. So I said that it would very rarely happen. I had corrected. I had said never, but I said, no, wait a minute, it would very rarely happen. Q. Okay. So so you would agree with me that there have been observational meta-analyses in JCO? A. I have no idea if there have been or not. I cannot say that off the top of my head. MR. TISI: I don't think I have any questions. I think I'm down to the	4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22	Version." Q. And what is this document? A. It's a document that was published by the National Cancer Institute that's talking about who's at risk for ovarian cancer and established risk factors of ovarian cancer, I believe, as best I can tell. Q. Please turn to Page 11. A. Yes, I'm there. Q. Do you see the subheading titled "Perineal Talc Exposure"? A. Oh, yes, I see "Perineal Talc Exposure." Yes. Q. Can you please read the sentence under that? A. "The weight" Q. You did a lot of reading today. I thought we should you read, too.

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	Page 566		Page 568
1	perineal talc exposure and an increased	1	references for the values that
2	risk of ovarian cancer."	2	they're reporting before the
3	Q. Did Mr. Tisi read this	3	reference
4	sentence to you?	4	BY MR. TISI:
5	A. No. And it goes on to say	5	Q. So if you go to the back
6	that the result from case-control and	6	A such as, "However, a
7	cohort studies are inconsistent.	7	dose-response relationship was not
8	MS. MILLER: I have no	8	found," which is reference 42.
9	further questions.	9	Q. Can you look at Page 16 of
10	MR. TISI: I have a	10	18.
11	question. I'll use my minute and	11	MS. SHARKO: I really think
12	add a couple minutes to yours.	12	your time is up at this point.
13	MS. MILLER: Wait. I used	13	MS. MILLER: Yeah, your time
14	30 seconds. So you have a minute	14	
15	and 30 seconds.	15	is way up. THE WITNESS: I'm there.
16		16	
17	MR. TISI: Okay. Well don't	17	MS. MILLER: You've just
	waste my 30 seconds. I don't think I'll use 30 seconds.	18	gone over two more minutes.
18	think I II use 50 seconds.		MR. TISI: Counsel, you've
19		19	been wasting my time. I'm going
20	EXAMINATION	20	to ask this question. And if you
21		21	want to you want to walk out,
22	BY MR. TISI:	22	that's fine. I'll ask the judge
23	Q. In that section, it	23	for the time.
24	refers there are four footnotes under	24	BY MR. TISI:
	Page 567		Page 569
1			
1	the perineal talc section.	1	Q. How many how many
2	the perineal talc section. Do you see that?	1 2	Q. How many how many references of all these references,
2	Do you see that?		references of all these references,
2		2	references of all these references, there are five references. Do you have
2 3 4	Do you see that? A. Yeah, I'm sorry. I thought I was done.	2 3	references of all these references, there are five references. Do you have any any suggestion that the NCI
2 3 4 5	Do you see that? A. Yeah, I'm sorry. I thought I was done. Q. On on Page 12. Footnote	2 3 4	references of all these references, there are five references. Do you have any any suggestion that the NCI actually did a causation analysis like
2 3 4	Do you see that? A. Yeah, I'm sorry. I thought I was done. Q. On on Page 12. Footnote 43 through footnote 46.	2 3 4 5	references of all these references, there are five references. Do you have any any suggestion that the NCI actually did a causation analysis like you or Health Canada or the plaintiffs'
2 3 4 5 6 7	Do you see that? A. Yeah, I'm sorry. I thought I was done. Q. On on Page 12. Footnote 43 through footnote 46. Do you see that?	2 3 4 5 6	references of all these references, there are five references. Do you have any any suggestion that the NCI actually did a causation analysis like you or Health Canada or the plaintiffs' experts or anybody else did?
2 3 4 5 6	Do you see that? A. Yeah, I'm sorry. I thought I was done. Q. On on Page 12. Footnote 43 through footnote 46.	2 3 4 5 6 7	references of all these references, there are five references. Do you have any any suggestion that the NCI actually did a causation analysis like you or Health Canada or the plaintiffs'
2 3 4 5 6 7 8 9	Do you see that? A. Yeah, I'm sorry. I thought I was done. Q. On on Page 12. Footnote 43 through footnote 46. Do you see that? A. I see I see Reference 42 and I see a reference 43. I don't see	2 3 4 5 6 7 8	references of all these references, there are five references. Do you have any any suggestion that the NCI actually did a causation analysis like you or Health Canada or the plaintiffs' experts or anybody else did? MS. MILLER: Objection. THE WITNESS: I don't know.
2 3 4 5 6 7 8 9	Do you see that? A. Yeah, I'm sorry. I thought I was done. Q. On on Page 12. Footnote 43 through footnote 46. Do you see that? A. I see I see Reference 42	2 3 4 5 6 7 8 9	references of all these references, there are five references. Do you have any any suggestion that the NCI actually did a causation analysis like you or Health Canada or the plaintiffs' experts or anybody else did? MS. MILLER: Objection. THE WITNESS: I don't know. I don't know what they did.
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	Page 570	Page 572
1		1
2	CERTIFICATE	ERRATA
4		2
5	I HEREBY CERTIFY that the	3
6	witness was duly sworn by me and that the deposition is a true record of the	4 PAGE LINE CHANGE
O	testimony given by the witness.	5
7	T	6 REASON:
8	It was requested before completion of the deposition that the	7 8 REASON:
	witness, KARLA BALLMAN, Ph.D., have the	
9	opportunity to read and sign the deposition transcript.	10 REASON:
10	deposition transcript.	11
11		12 REASON:
12	MICHELLE L. GRAY,	13
13	A Registered Professional	14 REASON:
1.4	Reporter, Certified Shorthand	15
14	Reporter, Certified Realtime Reporter and Notary Public	16 REASON:
15	Dated: March 24, 2019	17
16 17		18 REASON:
18	(The foregoing certification	19
19	of this transcript does not apply to any	01
20 21	reproduction of the same by any means, unless under the direct control and/or	21
22	supervision of the certifying reporter.)	23
23 24		24 REASON:
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	Page 571	Page 573
1	Page 571	Page 573
1	Page 571 INSTRUCTIONS TO WITNESS	1
2	INSTRUCTIONS TO WITNESS	1 2 ACKNOWLEDGMENT OF DEPONENT
2	INSTRUCTIONS TO WITNESS Please read your deposition	1 2 ACKNOWLEDGMENT OF DEPONENT 3
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